

**FEC  
FORM 3X****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

1. NAME OF  
COMMITTEE (in full)**USE FEC MAILING LABEL  
OR TYPE OR PRINT**Example: If typing, type  
over the lines

Highmark Health PAC of Highmark Inc.

ADDRESS (number and street)

1800 Center Street

☐Check if different  
than previously  
reported. (ACC)

Camp Hill

PA

17089

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00302844

3. IS THIS  
REPORT☒NEW  
(N)

OR

☐AMENDED  
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

☐April 15  
Quarterly Report(Q1)☐July 15  
Quarterly Report(Q2)☒October 15  
Quarterly Report(Q3)☐January 31  
Quarterly Report(YE)☐July 31 Mid-Year  
Report(Non-election  
Year Only) (MY)☐Termination Report  
(TER)(b) Monthly  
Report  
Due On:☐

Feb 20 (M2)

☐

May 20 (M5)

☐

Aug 20 (M8)

☐Nov 20 (M11)  
(Non-Election  
Year Only)☐

Mar 20 (M3)

☐

Jun 20 (M6)

☐

Sep 20 (M9)

☐Dec 20 (M12)  
(Non-Election  
Year Only)☐

Apr 20 (M4)

☐

Jul 20 (M7)

☐

Oct 20 (M10)

☐

Jan 31 (YE)

(c) 12-Day  
**PRE**-Election  
Report for the:☐

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12G)

Election on

in the  
State of(d) 30-Day  
**Post**-Election  
Report for the:☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

in the  
State of

5. Covering Period

07

01

2006

through

09

30

2006

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Gayeta C. Porter

Signature of Treasurer

Electronically Filed by Gayeta C. Porter

Date

10

11

2006

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office  
Use  
Only**FEC FORM 3X**  
(Rev. 02/2003)

# SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name  
Highmark Health PAC of Highmark Inc.

Report Covering the Period: From: 

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	0	6

 To: 

M	M
0	9

D	D
3	0

Y	Y	Y	Y
2	0	0	6

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1		36132.96
(b) Cash on Hand at Beginning of Reporting Period .....	28148.23	
(c) Total Receipts (from Line 19) .....	42917.96	117188.49
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	71066.19	153321.45
7. Total Disbursements (from Line 31) .....	44611.05	126866.31
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	26455.14	26455.14
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	

☒ This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

## For further information contact:

Federal Election Commission  
999 E street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# **DETAILED SUMMARY PAGE OF RECEIPTS**

FEC Form 3X (Rev. 02/2003)

Page 3

Write or Type Committee Name

Highmark Health PAC of Highmark Inc.

Report Covering the Period:

From:

M	M	D	D	Y	Y	Y	Y
0	7	0	1	2	0	0	6

To:

M	M	D	D	Y	Y	Y	Y
0	9	3	0	2	0	0	6

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	28279.92	67805.85
(i) Itemized (use Schedule A) .....		
(ii) Unitemized .....	14599.92	49268.13
(iii) TOTAL (add Lines 11(a)(i) and (ii) ..... ➡	42879.84	117073.98
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b) and (c)) (Carry Totals to Line 33, page 5) ..... ➡	42879.84	117073.98
12. Transfers From Affiliated/Other Party Committees .....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received .....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) .....	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	38.12	114.51
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	42917.96	117188.49
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	42917.96	117188.49

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)	0.00	0.00
(i) Federal Share.....		
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	0.00	32.15
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ➡	0.00	32.15
22. Transfers to Affiliated/Other Party Committees.....	3000.00	13000.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	3000.00	12800.00
24. Independent Expenditure (use Schedule E) .....	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....	0.00	0.00
29. Other Disbursements.....	38611.05	101034.16
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share .....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	44611.05	126866.31
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	44611.05	126866.31

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3) .....	42879.84	117073.98
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	42879.84	117073.98
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	32.15
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	0.00	32.15

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
or each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 6 / 84

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

Highmark Health PAC of Highmark Inc.

<b>A.</b> Full Name (Last, First, Middle Initial) John M Akers Mailing Address 1012 Chippewa Road City Johnstown State PA Zip Code 15904 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Highmark Inc. Occupation Manager, Member Services Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 280.00		Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>9</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> <b>Transaction ID:</b> SA11A1.18413 Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="10">140.00</td> </tr> </table> payroll deduction \$20.00 biweekly	M	M	/	D	D	/	Y	Y	Y	Y	0	9		3	0		2	0	0	6	140.00									
M	M	/	D	D	/	Y	Y	Y	Y																							
0	9		3	0		2	0	0	6																							
140.00																																
<b>B.</b> Full Name (Last, First, Middle Initial) Steven Tyrone Alexander Mailing Address PO Box 5246 City Williamsburg State VA Zip Code 23188 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Highmark Inc. Occupation EVP, HR & Admin Svcs Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 800.00		Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>9</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> <b>Transaction ID:</b> SA11A1.18473 Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="10">280.00</td> </tr> </table> payroll deduction \$40.00 biweekly	M	M	/	D	D	/	Y	Y	Y	Y	0	9		3	0		2	0	0	6	280.00									
M	M	/	D	D	/	Y	Y	Y	Y																							
0	9		3	0		2	0	0	6																							
280.00																																
<b>C.</b> Full Name (Last, First, Middle Initial) Jacqueline M. Bauer Mailing Address 204 Pine Court City Pittsburgh State PA Zip Code 15237 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Highmark Inc. Occupation Associate Counsel IV Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 246.00		Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>9</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> <b>Transaction ID:</b> SA11A1.18383 Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="10">88.41</td> </tr> </table> payroll deduction \$12.63 biweekly	M	M	/	D	D	/	Y	Y	Y	Y	0	9		3	0		2	0	0	6	88.41									
M	M	/	D	D	/	Y	Y	Y	Y																							
0	9		3	0		2	0	0	6																							
88.41																																

**SUBTOTAL** of Receipts This Page (optional) .....

508.41

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 84

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Highmark Health PAC of Highmark Inc.

<b>A.</b> Full Name (Last, First, Middle Initial) Ronald J Becker		Date of Receipt M M / D D / Y Y Y Y 0 9 / 3 0 / 2 0 0 6
Mailing Address Cereal Building 300 Heinz Street		<b>Transaction ID:</b> SA11A1.18486
City Pittsburgh	State PA	Amount of Each Receipt this Period 373.17
Zip Code 15212		payroll deduction \$53.31 biweekly
FEC ID number of contributing federal political committee. C		
Name of Employer Highmark Inc	Occupation Director Actuarial Svcs Ind/Small Grp	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 746.34	

<b>B.</b> Full Name (Last, First, Middle Initial) Wayne A. Berger		Date of Receipt M M / D D / Y Y Y Y 0 9 / 3 0 / 2 0 0 6
Mailing Address 137 Hickory Drive		<b>Transaction ID:</b> SA11A1.18463
City Sewickley	State PA	Amount of Each Receipt this Period 245.00
Zip Code 15143		payroll deduction \$35.00 biweekly
FEC ID number of contributing federal political committee. C		
Name of Employer Highmark Inc.	Occupation VP, Nat'l Accounts, Claims Process	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 700.00	

<b>C.</b> Full Name (Last, First, Middle Initial) Judith S. Black		Date of Receipt M M / D D / Y Y Y Y 0 9 / 3 0 / 2 0 0 6
Mailing Address 352 Hunt Road		<b>Transaction ID:</b> SA11A1.18429
City Pittsburgh	State PA	Amount of Each Receipt this Period 151.90
Zip Code 15238		payroll deduction \$21.70 biweekly
FEC ID number of contributing federal political committee. C		
Name of Employer Highmark Inc.	Occupation Medical Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 429.80	

**SUBTOTAL** of Receipts This Page (optional) .....

770.07

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 8 / 84

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Highmark Health PAC of Highmark Inc.

**A.** Full Name (Last, First, Middle Initial)  
Lynne A. Bower  
Mailing Address 900 Second Street

City State Zip Code  
New Cumberland PA 17070

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Highmark Inc.

Occupation  
Bus Staff Analysis Consultant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 3 0 / 2 0 0 6

Transaction ID: SA11A1.18414

Amount of Each Receipt this Period

140.00

payroll deduction \$20.00  
biweekly

**B.** Full Name (Last, First, Middle Initial)  
Thomas P. Brennan, Jr.  
Mailing Address 1409 Regency Circle

City State Zip Code  
Harrisburg PA 17110

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Highmark Inc.

Occupation  
Special Investigation Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 3 0 / 2 0 0 6

Transaction ID: SA11A1.18435

Amount of Each Receipt this Period

175.00

payroll deduction \$25.00  
biweekly

**C.** Full Name (Last, First, Middle Initial)  
Charles E. Brown  
Mailing Address 163 McKeesport Road

City State Zip Code  
Elizabeth PA 15037

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Highmark Inc.

Occupation  
Finance Manager Sr Products

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

412.16

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 3 0 / 2 0 0 6

Transaction ID: SA11A1.18432

Amount of Each Receipt this Period

163.99

payroll deduction \$24.15  
biweekly

**SUBTOTAL** of Receipts This Page (optional) .....

478.99

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 84

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Highmark Health PAC of Highmark Inc.

<b>A.</b> Full Name (Last, First, Middle Initial) Pamela R. Brown Mailing Address 301 Mckenzie Drive City State Zip Code Pittsburgh PA 15235 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Highmark Life & Casualty Occupation Sr. VP, Customer Admin Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General Aggregate Year-to-Date ▼ <input type="checkbox"/> Other (specify) ▼ 531.84		Date of Receipt M M / D D / Y Y Y Y 0 9 / 3 0 / 2 0 0 6 <b>Transaction ID:</b> SA11A1.18509 Amount of Each Receipt this Period 191.10 payroll deduction \$27.30 biweekly
<b>B.</b> Full Name (Last, First, Middle Initial) Edmund James Bylotas Mailing Address 4416 Mars Avenue City State Zip Code Harrisburg PA 17112 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Highmark Inc. Occupation Mgr., HGSA Performance & Analysis Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General Aggregate Year-to-Date ▼ <input type="checkbox"/> Other (specify) ▼ 596.72		Date of Receipt M M / D D / Y Y Y Y 0 9 / 3 0 / 2 0 0 6 <b>Transaction ID:</b> SA11A1.18451 Amount of Each Receipt this Period 212.52 payroll deduction \$30.36 biweekly
<b>C.</b> Full Name (Last, First, Middle Initial) Ronald D. Cain Mailing Address 381 Cobblestone Circle City State Zip Code Mckees Rocks PA 15136 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Highmark Inc. Occupation VP, Human Resources Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General Aggregate Year-to-Date ▼ <input type="checkbox"/> Other (specify) ▼ 385.64		Date of Receipt M M / D D / Y Y Y Y 0 9 / 3 0 / 2 0 0 6 <b>Transaction ID:</b> SA11A1.18431 Amount of Each Receipt this Period 162.82 payroll deduction \$23.26 biweekly

SUBTOTAL of Receipts This Page (optional) .....

566.44

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 84

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Highmark Health PAC of Highmark Inc.

Full Name (Last, First, Middle Initial)

A. Virginia C Calega

Mailing Address 95 Hunters Run Road

City State Zip Code  
 Honey Brook PA 19344

FEC ID number of contributing federal political committee.

C

Name of Employer  
Highmark IncOccupation  
Medical Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 9 / 3 0 / 2 0 0 6

Transaction ID: SA11A1.18394

Amount of Each Receipt this Period

105.00

payroll deduction \$15.00  
biweekly

Full Name (Last, First, Middle Initial)

B. Micheal Joseph Carbon

Mailing Address 880 Zermatt Drive

City State Zip Code  
 Hummelstown PA 17036

FEC ID number of contributing federal political committee.

C

Name of Employer  
Highmark Inc.Occupation  
VP, Mid-Atlantic Plan & Adm

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 9 / 3 0 / 2 0 0 6

Transaction ID: SA11A1.18436

Amount of Each Receipt this Period

175.00

payroll deduction \$25.00  
biweekly

Full Name (Last, First, Middle Initial)

C. William J. Cashion

Mailing Address 323 Heather Hill Drive

City State Zip Code  
 Gibsonia PA 15044

FEC ID number of contributing federal political committee.

C

Name of Employer  
Highmark Inc.Occupation  
VP, Chief Actuary

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

833.56

Date of Receipt

M M / D D / Y Y Y Y  
 0 9 / 3 0 / 2 0 0 6

Transaction ID: SA11A1.18481

Amount of Each Receipt this Period

350.00

payroll deduction \$50.00  
biweekly

SUBTOTAL of Receipts This Page (optional) .....

630.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 84

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Highmark Health PAC of Highmark Inc.

**A.** Full Name (Last, First, Middle Initial)  
Elmo B. Cecchetti  
Mailing Address 514 W. Lincoln Avenue

City State Zip Code  
McDonald PA 15057

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Highmark Inc.

Occupation  
Mgr, National Membership & Billing

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

313.08

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 3 0 / 2 0 0 6

Transaction ID: SA11A1.18410

Amount of Each Receipt this Period

129.36

payroll deduction \$18.48  
biweekly

**B.** Full Name (Last, First, Middle Initial)  
Paul H. Comfort  
Mailing Address 5837 Clark Avenue

City State Zip Code  
Bethel Park PA 15102

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Highmark Inc.

Occupation  
Business Staff Analyst 3

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249.97

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 3 0 / 2 0 0 6

Transaction ID: SA11A1.18382

Amount of Each Receipt this Period

87.73

payroll deduction \$12.85  
biweekly

**C.** Full Name (Last, First, Middle Initial)  
Anthony W. Cosentino  
Mailing Address 1014 Country Club Road

City State Zip Code  
Camp Hill PA 17011

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Highmark Inc.

Occupation  
Dir., Insurance & Risk Mgmt

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

219.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 3 0 / 2 0 0 6

Transaction ID: SA11A1.18364

Amount of Each Receipt this Period

76.65

payroll deduction \$10.95  
biweekly

**SUBTOTAL** of Receipts This Page (optional) .....

293.74

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 84

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Highmark Health PAC of Highmark Inc.

Full Name (Last, First, Middle Initial)

**A.** Anne L. Crawford

Mailing Address 400 Valley Drive

City State Zip Code  
Pittsburgh PA 15215

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Highmark Inc.

Occupation  
M+C Compliance Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

423.39

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 3 0 / 2 0 0 6

Transaction ID: SA11A1.18428

Amount of Each Receipt this Period

151.44

payroll deduction \$22.24  
biweekly

Full Name (Last, First, Middle Initial)

**B.** Stephen R. Creekpaum

Mailing Address 127 Applewood Lane

City State Zip Code  
Slippery Rock PA 16057

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Highmark Inc.

Occupation  
Dir, Information Systems

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

245.44

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 3 0 / 2 0 0 6

Transaction ID: SA11A1.18379

Amount of Each Receipt this Period

86.84

payroll deduction \$12.68  
biweekly

Full Name (Last, First, Middle Initial)

**C.** W. Dennis Cronin

Mailing Address 557 Old Fayette Trail

City State Zip Code  
Oakdale PA 15071

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Highmark Services Company

Occupation  
SVP, Finance HLC

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 3 0 / 2 0 0 6

Transaction ID: SA11A1.18508

Amount of Each Receipt this Period

175.00

payroll deduction \$25.00  
biweekly

**SUBTOTAL** of Receipts This Page (optional) .....

413.28

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 13 / 84

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Highmark Health PAC of Highmark Inc.

**A.** Full Name (Last, First, Middle Initial)

Mary A. Darragh

Mailing Address PO Box 12805

City State Zip Code  
Pittsburgh PA 15241

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Highmark Inc.

Occupation  
VP, Health Mgmt Services

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 3 0 / 2 0 0 6

Transaction ID: SA11A1.18464

Amount of Each Receipt this Period

245.00

payroll deduction \$35.00  
biweekly

**B.** Full Name (Last, First, Middle Initial)

Rick R. Deboard

Mailing Address 452 Old York Road

City State Zip Code  
Dillsburg PA 17019

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Highmark Inc.

Occupation  
Dir., Marketing Admin

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 3 0 / 2 0 0 6

Transaction ID: SA11A1.18437

Amount of Each Receipt this Period

175.00

payroll deduction \$25.00  
biweekly

**C.** Full Name (Last, First, Middle Initial)

Cynthia M. Dellecker

Mailing Address 83 Altadena Drive

City State Zip Code  
Pittsburgh PA 15228

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Highmark Inc.

Occupation  
VP, Product Mgmt & Development

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

221.83

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 3 0 / 2 0 0 6

Transaction ID: SA11A1.18368

Amount of Each Receipt this Period

77.91

payroll deduction \$11.13  
biweekly

**SUBTOTAL** of Receipts This Page (optional) .....

497.91

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 14 / 84

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Highmark Health PAC of Highmark Inc.

**A.** Full Name (Last, First, Middle Initial)  
 Nanette P. DeTurk  
 Mailing Address 198 Pleasant Valley Road

City State Zip Code  
 Lancaster NH 03584

FEC ID number of contributing federal political committee.

C

Name of Employer  
Highmark Inc.Occupation  
Sr. VP, Finance & Corp Controller

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

666.30

Date of Receipt

M M / D D / Y Y Y Y  
 0 9 / 3 0 / 2 0 0 6

Transaction ID: SA11A1.18462

Amount of Each Receipt this Period

242.34

payroll deduction \$34.62  
biweekly

**B.** Full Name (Last, First, Middle Initial)  
 Theresa A Dix  
 Mailing Address 1129 Race Street

City State Zip Code  
 McKees Rocks PA 15136

FEC ID number of contributing federal political committee.

C

Name of Employer  
Highmark Inc.Occupation  
Business Analyst 3

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

224.44

Date of Receipt

M M / D D / Y Y Y Y  
 0 9 / 3 0 / 2 0 0 6

Transaction ID: SA11A1.18423

Amount of Each Receipt this Period

143.12

payroll deduction \$21.14  
biweekly

**C.** Full Name (Last, First, Middle Initial)  
 Donna B. Dow  
 Mailing Address 6560 Rosemoor Street

City State Zip Code  
 Pittsburgh PA 15217

FEC ID number of contributing federal political committee.

C

Name of Employer  
Highmark Inc.Occupation  
DME Operations Consultant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

524.10

Date of Receipt

M M / D D / Y Y Y Y  
 0 9 / 3 0 / 2 0 0 6

Transaction ID: SA11A1.18450

Amount of Each Receipt this Period

210.06

payroll deduction \$30.78  
biweekly

SUBTOTAL of Receipts This Page (optional) .....

595.52

TOTAL This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 15 / 84

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

Highmark Health PAC of Highmark Inc.

Full Name (Last, First, Middle Initial)

**A.** Thomas A. Dzuryachko

Mailing Address 2363 Foreset Hills Drive

City	State	Zip Code
Harrisburg	PA	17112

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
UCCIOccupation  
President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		3	0		2	0	0	6

Transaction ID: SA11A1.17984

Amount of Each Receipt this Period

280.00

payroll deduction \$40.00  
biweekly

Full Name (Last, First, Middle Initial)

**B.** Gregory P. Englert

Mailing Address 5503 Glenallen Street

City	State	Zip Code
Springfield	VA	22151

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
Highmark Inc.Occupation  
Sr. Gov't Relations Representative

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		3	0		2	0	0	6

Transaction ID: SA11A1.18415

Amount of Each Receipt this Period

140.00

payroll deduction \$20.00  
biweekly

Full Name (Last, First, Middle Initial)

**C.** Richard J. Enterline

Mailing Address 4624 Laurel Ridge Drive

City	State	Zip Code
Harrisburg	PA	17110

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
Highmark Inc.Occupation  
Asst General Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1300.18

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		3	0		2	0	0	6

Transaction ID: SA11A1.18489

Amount of Each Receipt this Period

456.61

payroll deduction \$65.23  
biweekly**SUBTOTAL** of Receipts This Page (optional) .....

876.61

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 16 / 84

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Highmark Health PAC of Highmark Inc.

Full Name (Last, First, Middle Initial)

**A.** Theresa S. Evans

Mailing Address 1344 Bechtel Street

City State Zip Code  
 Monaca PA 15061

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Highmark Inc.

Occupation  
Senior Billing A/R Consultant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 9 / 3 0 / 2 0 0 6

Transaction ID: SA11A1.18416

Amount of Each Receipt this Period

140.00

payroll deduction \$20.00  
biweekly

Full Name (Last, First, Middle Initial)

**B.** Byron R. Falchetti

Mailing Address 1095 Fox Chapel Road

City State Zip Code  
 Pittsburgh PA 15238

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Standard Property

Occupation  
President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 9 / 3 0 / 2 0 0 6

Transaction ID: SA11A1.18501

Amount of Each Receipt this Period

175.00

payroll deduction \$25.00  
biweekly

Full Name (Last, First, Middle Initial)

**C.** Elizabeth A. Farbacher

Mailing Address 3826 Grove Road

City State Zip Code  
 Gibsonia PA 15044

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Highmark Inc.

Occupation  
SVP, Corporate Audit

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 9 / 3 0 / 2 0 0 6

Transaction ID: SA11A1.18474

Amount of Each Receipt this Period

280.00

payroll deduction \$40.00  
biweekly

**SUBTOTAL** of Receipts This Page (optional) .....

595.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 17 / 84

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Highmark Health PAC of Highmark Inc.

**A.** Full Name (Last, First, Middle Initial)  
 Martin M. Fenster  
 Mailing Address 110 Shadow Ridge Drive

City State Zip Code  
 Pittsburgh PA 15238

FEC ID number of contributing federal political committee.

C

Name of Employer  
Highmark Inc.Occupation  
UM Medical Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 0 9 / 3 0 / 2 0 0 6

Transaction ID: SA11A1.18360

Amount of Each Receipt this Period

75.00

payroll deduction \$25.00  
biweekly

**B.** Full Name (Last, First, Middle Initial)  
 Michael A. Fiaschetti  
 Mailing Address 5772 Catherine Street

City State Zip Code  
 Harrisburg PA 17112

FEC ID number of contributing federal political committee.

C

Name of Employer  
Highmark Inc.Occupation  
Sr. VP, Mid Atlantic Region

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 0 9 / 3 0 / 2 0 0 6

Transaction ID: SA11A1.18465

Amount of Each Receipt this Period

245.00

payroll deduction \$35.00  
biweekly

**C.** Full Name (Last, First, Middle Initial)  
 D Donald Fischer, MD  
 Mailing Address 1026 Highmont Road

City State Zip Code  
 Pittsburgh PA 15232

FEC ID number of contributing federal political committee.

C

Name of Employer  
Highmark Inc.Occupation  
Medical Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 0 9 / 3 0 / 2 0 0 6

Transaction ID: SA11A1.18482

Amount of Each Receipt this Period

350.00

payroll deduction \$50.00  
biweekly

SUBTOTAL of Receipts This Page (optional) .....

670.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 18 / 84

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Highmark Health PAC of Highmark Inc.

<b>A.</b> Full Name (Last, First, Middle Initial) Donald L. Fisher		Date of Receipt M M / D D / Y Y Y Y 0 9 / 3 0 / 2 0 0 6	
Mailing Address 304 Mountain Road		<b>Transaction ID:</b> SA11A1.18466	
City Millerstown	State PA	Zip Code 17062	Amount of Each Receipt this Period 245.00
FEC ID number of contributing federal political committee. C			
Name of Employer Highmark Inc.	Occupation VP, Com, Bnfts, HRIS & Risk Mgmt		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 700.00		
<b>B.</b> Full Name (Last, First, Middle Initial) John K. Fong		Date of Receipt M M / D D / Y Y Y Y 0 9 / 3 0 / 2 0 0 6	
Mailing Address 41 Lintel Drive		<b>Transaction ID:</b> SA11A1.18422	
City McMurray	State PA	Zip Code 15317	Amount of Each Receipt this Period 140.35
FEC ID number of contributing federal political committee. C			
Name of Employer Highmark Inc.	Occupation Medical Director		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 397.92		
<b>C.</b> Full Name (Last, First, Middle Initial) Gino A. Francavilla		Date of Receipt M M / D D / Y Y Y Y 0 9 / 3 0 / 2 0 0 6	
Mailing Address 403 Acorn Court		<b>Transaction ID:</b> SA11A1.18485	
City Mars	State PA	Zip Code 16046	Amount of Each Receipt this Period 369.95
FEC ID number of contributing federal political committee. C			
Name of Employer Highmark Inc.	Occupation Sr. VP, Operations		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1057.00		

SUBTOTAL of Receipts This Page (optional) .....

755.30

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 19 / 84

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Highmark Health PAC of Highmark Inc.

<b>A.</b> Full Name (Last, First, Middle Initial) Colleen Marie Gallaher Mailing Address 404 Allendale Way City State Zip Code Camp Hill PA 17011 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Highmark Inc. Occupation Regulatory Affairs Director Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 847.84		Date of Receipt M M / D D / Y Y Y Y 0 9 / 3 0 / 2 0 0 6 <b>Transaction ID:</b> SA11A1.18479 Amount of Each Receipt this Period 300.02 payroll deduction \$43.82 biweekly
<b>B.</b> Full Name (Last, First, Middle Initial) Delwyn E. Gealy Mailing Address 111 Woodland Drive City State Zip Code Pittsburgh PA 15236 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Highmark Inc. Occupation Dir, Information Systems Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 223.73		Date of Receipt M M / D D / Y Y Y Y 0 9 / 3 0 / 2 0 0 6 <b>Transaction ID:</b> SA11A1.18370 Amount of Each Receipt this Period 78.52 payroll deduction \$11.50 biweekly
<b>C.</b> Full Name (Last, First, Middle Initial) Michael S. Gordon Mailing Address 430 Pines Road PO Box 95 City State Zip Code Etters PA 17319 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Highmark Inc. Occupation Business Continuity Director Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00		Date of Receipt M M / D D / Y Y Y Y 0 9 / 3 0 / 2 0 0 6 <b>Transaction ID:</b> SA11A1.18438 Amount of Each Receipt this Period 175.00 payroll deduction \$25.00 biweekly

SUBTOTAL of Receipts This Page (optional) .....

553.54

TOTAL This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 20 / 84

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

Highmark Health PAC of Highmark Inc.

**A.** Full Name (Last, First, Middle Initial)

Robert C. Gray

Mailing Address 431 Maple Lane

City	State	Zip Code
Sewickley	PA	15143

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Highmark Inc.Occupation  
EVP, Finance & Subsidiary Svcs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		3	0		2	0	0	6

Transaction ID: SA11A1.18476

Amount of Each Receipt this Period

280.00

payroll deduction \$40.00  
biweekly**B.** Full Name (Last, First, Middle Initial)

Jack W. Hartman

Mailing Address 3116 Brownsville Road

City	State	Zip Code
Brentwood	PA	15227

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Highmark Inc.Occupation  
Provider Rel Train/Comm Conslt

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		3	0		2	0	0	6

Transaction ID: SA11A1.18402

Amount of Each Receipt this Period

112.00

payroll deduction \$16.00  
biweekly**C.** Full Name (Last, First, Middle Initial)

Mary G. Heatherly

Mailing Address 1001 Highfield Court

City	State	Zip Code
Mechanicsburg	PA	17055

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Highmark Inc.Occupation  
Mgr., Employment

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		3	0		2	0	0	6

Transaction ID: SA11A1.18417

Amount of Each Receipt this Period

140.00

payroll deduction \$20.00  
biweekly**SUBTOTAL** of Receipts This Page (optional) .....

532.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 21 / 84

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Highmark Health PAC of Highmark Inc.

**A.** Full Name (Last, First, Middle Initial)  
Martin W. Herman  
Mailing Address 6250 Blue Mt. Trail

City State Zip Code  
Enola PA 17025

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Highmark Inc.

Occupation  
Mgr., Information Systems

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 3 0 / 2 0 0 6

Transaction ID: SA11A1.18397

Amount of Each Receipt this Period

105.00

payroll deduction \$15.00  
biweekly

**B.** Full Name (Last, First, Middle Initial)  
Tija R. Hilton-Phillips  
Mailing Address 6668 Wiley's Alley

City State Zip Code  
Wrightsville PA 17368

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Highmark Inc.

Occupation  
Regulatory Compliance Attorney

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

330.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 3 0 / 2 0 0 6

Transaction ID: SA11A1.18418

Amount of Each Receipt this Period

140.00

payroll deduction \$20.00  
biweekly

**C.** Full Name (Last, First, Middle Initial)  
Thomas V. Hinkson  
Mailing Address 4 Drayton Court

City State Zip Code  
Mechanicsburg PA 17055

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Highmark Inc.

Occupation  
Dir, HGSA Financial Operations & CFO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

254.58

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 3 0 / 2 0 0 6

Transaction ID: SA11A1.18385

Amount of Each Receipt this Period

94.43

payroll deduction \$13.49  
biweekly

**SUBTOTAL** of Receipts This Page (optional) .....

339.43

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 22 / 84

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Highmark Health PAC of Highmark Inc.

<b>A.</b> Full Name (Last, First, Middle Initial) Daniel R. Holtz			Date of Receipt M M / D D / Y Y Y Y Y 0 9 / 3 0 / 2 0 0 6	
Mailing Address 304 Sixth Street			<b>Transaction ID:</b> SA11A1.18495	
City State Zip Code Oakmont PA 15139			Amount of Each Receipt this Period 868.07	
FEC ID number of contributing federal political committee. <b>C</b>			payroll deduction \$124.01 biweekly	
Name of Employer Highmark Inc.		Occupation SVP National Accounts		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 2480.20		
<b>B.</b> Full Name (Last, First, Middle Initial) Bonnell G. Irvin			Date of Receipt M M / D D / Y Y Y Y Y 0 9 / 3 0 / 2 0 0 6	
Mailing Address 603 Stonehaven Court			<b>Transaction ID:</b> SA11A1.18456	
City State Zip Code Gibsonia PA 15044			Amount of Each Receipt this Period 233.06	
FEC ID number of contributing federal political committee. <b>C</b>			payroll deduction \$34.08 biweekly	
Name of Employer Highmark Inc.		Occupation VP, Provider Reimbursement		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 656.66		
<b>C.</b> Full Name (Last, First, Middle Initial) Jack J Jaroh			Date of Receipt M M / D D / Y Y Y Y Y 0 9 / 3 0 / 2 0 0 6	
Mailing Address 323 Indian Creek Drive			<b>Transaction ID:</b> SA11A1.18446	
City State Zip Code Mechanicsburg PA 17055			Amount of Each Receipt this Period 189.42	
FEC ID number of contributing federal political committee. <b>C</b>			payroll deduction \$27.06 biweekly	
Name of Employer Highmark		Occupation Director Mid-Atlantic Sales		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 378.84		

**SUBTOTAL** of Receipts This Page (optional) .....

1290.55

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 23 / 84

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Highmark Health PAC of Highmark Inc.

**A.** Full Name (Last, First, Middle Initial)  
Rhonda Moore Johnson  
Mailing Address 900 Highlander Circle

City State Zip Code  
Wexford PA 15090

FEC ID number of contributing federal political committee.

C

Name of Employer  
Highmark, Inc.Occupation  
Medical Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

931.44

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 3 0 / 2 0 0 6

Transaction ID: SA11A1.18492

Amount of Each Receipt this Period

547.19

payroll deduction \$79.93  
biweekly

**B.** Full Name (Last, First, Middle Initial)  
William B. Johnson  
Mailing Address 411 Hoodridge Drive  
Apt B 6

City State Zip Code  
Pittsburgh PA 15234

FEC ID number of contributing federal political committee.

C

Name of Employer  
Highmark Inc.Occupation  
Dir, Corp Security & Emp Safety

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

345.80

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 3 0 / 2 0 0 6

Transaction ID: SA11A1.18408

Amount of Each Receipt this Period

121.03

payroll deduction \$17.29  
biweekly

**C.** Full Name (Last, First, Middle Initial)  
Augusta L. Kairys  
Mailing Address 401 Sonie Drive

City State Zip Code  
Sewickley PA 15143

FEC ID number of contributing federal political committee.

C

Name of Employer  
Highmark Inc.Occupation  
VP, Provider Relations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1125.36

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 3 0 / 2 0 0 6

Transaction ID: SA11A1.18490

Amount of Each Receipt this Period

474.04

payroll deduction \$67.72  
biweekly

SUBTOTAL of Receipts This Page (optional) .....

1142.26

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 24 / 84

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Highmark Health PAC of Highmark Inc.

Full Name (Last, First, Middle Initial)

**A.** John A. Kajic

Mailing Address 1231 Highspire Road

City State Zip Code  
Harrisburg PA 17111

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Highmark Inc.

Occupation  
Caring Place Site Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

535.56

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 3 0 / 2 0 0 6

Transaction ID: SA11A1.18503

Amount of Each Receipt this Period

191.58

payroll deduction \$27.52  
biweekly

Full Name (Last, First, Middle Initial)

**B.** Theresa A. Kapadia

Mailing Address 239 Oak Entrance

City State Zip Code  
Jefferson Hill PA 15025

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Highmark Inc.

Occupation  
Director, Business Operations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

312.52

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 3 0 / 2 0 0 6

Transaction ID: SA11A1.18412

Amount of Each Receipt this Period

132.02

payroll deduction \$18.86  
biweekly

Full Name (Last, First, Middle Initial)

**C.** Valerie Corbin Ketchen

Mailing Address 6251 S. Highlands Circle

City State Zip Code  
Harrisburg PA 17111

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Highmark Inc.

Occupation  
Sr. Gov't Affairs Representative

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

675.55

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 3 0 / 2 0 0 6

Transaction ID: SA11A1.18461

Amount of Each Receipt this Period

237.32

payroll deduction \$35.06  
biweekly

**SUBTOTAL** of Receipts This Page (optional) .....

560.92

**TOTAL** This Period (last page this line number only) .....



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 25 / 84

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

Highmark Health PAC of Highmark Inc.

Full Name (Last, First, Middle Initial)

**A.** Stephen R. Keys

Mailing Address 2 Mayberry Lane

City State Zip Code

Mechanicsburg

PA

17055

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Highmark Inc.

Occupation

VP, Hosp Contract &amp; Relations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

286.36

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		3	0		2	0	0	6

Transaction ID: SA11A1.18392

Amount of Each Receipt this Period

100.31

payroll deduction \$14.33  
biweekly

Full Name (Last, First, Middle Initial)

**B.** Patrick M. Kiley

Mailing Address 104 Little Run Road

City State Zip Code

Camp Hill

PA

17011

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Highmark Inc.

Occupation

VP, HGSAdministrators

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		3	0		2	0	0	6

Transaction ID: SA11A1.18467

Amount of Each Receipt this Period

245.00

payroll deduction \$35.00  
biweekly

Full Name (Last, First, Middle Initial)

**C.** Nancy L. Knox

Mailing Address 1375 Table Rock Road

City State Zip Code

Gettysburg

PA

17325

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Highmark Inc.

Occupation

Supv., Provider Relations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

214.80

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		3	0		2	0	0	6

Transaction ID: SA11A1.18405

Amount of Each Receipt this Period

115.36

payroll deduction \$16.48  
biweekly

SUBTOTAL of Receipts This Page (optional) .....

460.67

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 26 / 84

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Highmark Health PAC of Highmark Inc.

**A.** Full Name (Last, First, Middle Initial)  
Michael W. Kronenwetter

Mailing Address 174 Forsythe Road

City State Zip Code  
Valencia PA 16059

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Highmark Inc.

Occupation  
VP, Technology Mgmt

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

633.02

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 3 0 / 2 0 0 6

Transaction ID: SA11A1.18452

Amount of Each Receipt this Period

224.14

payroll deduction \$32.02  
biweekly

**B.** Full Name (Last, First, Middle Initial)  
Karen Ruth Larson

Mailing Address 7466 McClure Avenue

City State Zip Code  
Pittsburgh PA 15218

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Highmark Inc.

Occupation  
Support Systems Consultant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 3 0 / 2 0 0 6

Transaction ID: SA11A1.18419

Amount of Each Receipt this Period

140.00

payroll deduction \$20.00  
biweekly

**C.** Full Name (Last, First, Middle Initial)  
Daniel J. Lebish

Mailing Address 1826 Murdstone Road

City State Zip Code  
Pittsburgh PA 15241

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Highmark Life & Casualty

Occupation  
President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1218.60

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 3 0 / 2 0 0 6

Transaction ID: SA11A1.18517

Amount of Each Receipt this Period

426.51

payroll deduction \$60.93  
biweekly

**SUBTOTAL** of Receipts This Page (optional) .....

790.65

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 27 / 84

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Highmark Health PAC of Highmark Inc.

<b>A.</b> Full Name (Last, First, Middle Initial) Howard Lee		Date of Receipt M M / D D / Y Y Y Y 0 9 / 3 0 / 2 0 0 6
Mailing Address 33 Colonial Drive		<b>Transaction ID:</b> SA11A1.18393
City <u>Jonestown</u>	State <u>PA</u>	Zip Code <u>17038</u>
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 104.65
Name of Employer Highmark Inc.	Occupation Dir., Underwriting&Rates Mid-Atlantic	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 295.40	

payroll deduction \$14.95  
biweekly

<b>B.</b> Full Name (Last, First, Middle Initial) Debra Kay Lehman		Date of Receipt M M / D D / Y Y Y Y 0 9 / 3 0 / 2 0 0 6
Mailing Address 1541 Braewood Drive		<b>Transaction ID:</b> SA11A1.18390
City <u>Harrisburg</u>	State <u>PA</u>	Zip Code <u>17111</u>
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 98.00
Name of Employer Highmark Inc.	Occupation Dir., Shared Financial Services	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 280.00	

payroll deduction \$14.00  
biweekly

<b>C.</b> Full Name (Last, First, Middle Initial) Patricia A. Levi		Date of Receipt M M / D D / Y Y Y Y 0 9 / 3 0 / 2 0 0 6
Mailing Address 4521 Fritchey Street		<b>Transaction ID:</b> SA11A1.18356
City <u>Harrisburg</u>	State <u>PA</u>	Zip Code <u>17109</u>
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 71.75
Name of Employer Highmark Inc.	Occupation Dir, Provider & Walk-In Service	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 205.00	

payroll deduction \$10.25  
biweekly

**SUBTOTAL** of Receipts This Page (optional) .....

274.40

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 28 / 84

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Highmark Health PAC of Highmark Inc.

Full Name (Last, First, Middle Initial)

**A.** John Richard Little

Mailing Address 2300 Parkway West

City State Zip Code  
Harrisburg PA 17112

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Highmark Inc.

Occupation  
Dir., Corporate Employee Benefit

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

872.20

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 3 0 / 2 0 0 6

Transaction ID: SA11A1.18484

Amount of Each Receipt this Period

360.36

payroll deduction \$51.48  
biweekly

Full Name (Last, First, Middle Initial)

**B.** Michael J. MacGee

Mailing Address 352 Equus Drive

City State Zip Code  
Camp Hill PA 17011

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Highmark Inc.

Occupation  
VP, Mid-Atlantic Sales & Mktg

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 3 0 / 2 0 0 6

Transaction ID: SA11A1.18483

Amount of Each Receipt this Period

350.00

payroll deduction \$50.00  
biweekly

Full Name (Last, First, Middle Initial)

**C.** Darren P. Macioce

Mailing Address 2293 Salem Drive

City State Zip Code  
Pittsburgh PA 15237

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Highmark Inc.

Occupation  
SVP, Customer & Analytic Oper

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

833.10

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 3 0 / 2 0 0 6

Transaction ID: SA11A1.18478

Amount of Each Receipt this Period

293.51

payroll deduction \$41.93  
biweekly

**SUBTOTAL** of Receipts This Page (optional) .....

1003.87

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 29 / 84

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Highmark Health PAC of Highmark Inc.

A. Full Name (Last, First, Middle Initial)

Michael A. Madden

Mailing Address 320 Fort Duquesne Boulevard

City State Zip Code  
Pittsburgh PA 15222

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Highmark Inc

Occupation  
Medical Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

291.03

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 3 0 / 2 0 0 6

Transaction ID: SA11A1.18426

Amount of Each Receipt this Period

146.13

payroll deduction \$21.11  
biweekly

B. Full Name (Last, First, Middle Initial)

Kevin E. Marpoe

Mailing Address 1845 Clayton Ave., Unit 210

City State Zip Code  
Pittsburgh PA 15214

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Highmark Inc.

Occupation  
Dir., Fin Research, Pol & Stds

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

413.44

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 3 0 / 2 0 0 6

Transaction ID: SA11A1.18425

Amount of Each Receipt this Period

146.09

payroll deduction \$20.87  
biweekly

C. Full Name (Last, First, Middle Initial)

James W Martin

Mailing Address 4281 Normandy Rue

City State Zip Code  
Erie PA 16506

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Highmark

Occupation  
Comm Affrs Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

233.12

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 3 0 / 2 0 0 6

Transaction ID: SA11A1.18457

Amount of Each Receipt this Period

233.12

payroll deduction \$33.12  
biweekly

SUBTOTAL of Receipts This Page (optional) .....

525.34

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 30 / 84

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Highmark Health PAC of Highmark Inc.

**A.** Full Name (Last, First, Middle Initial)  
Kimberly G. Martin  
Mailing Address 28 Charisma Drive

City State Zip Code  
Camp Hill PA 17011

FEC ID number of contributing federal political committee.

C

Name of Employer  
Highmark Inc.Occupation  
Mgr., HGSA Professional Services

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

366.59

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 3 0 / 2 0 0 6

Transaction ID: SA11A1.18427

Amount of Each Receipt this Period

147.77

payroll deduction \$21.11  
biweekly

**B.** Full Name (Last, First, Middle Initial)  
John M. McDermott  
Mailing Address 455 Royce Avenue

City State Zip Code  
Pittsburgh PA 15216

FEC ID number of contributing federal political committee.

C

Name of Employer  
Highmark Inc.Occupation  
VP Corp Comm & PR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

490.40

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 3 0 / 2 0 0 6

Transaction ID: SA11A1.18434

Amount of Each Receipt this Period

171.64

payroll deduction \$24.52  
biweekly

**C.** Full Name (Last, First, Middle Initial)  
Michael P. McGinley  
Mailing Address 1118 Turnbridge Lane

City State Zip Code  
Mechanicsburg PA 17050

FEC ID number of contributing federal political committee.

C

Name of Employer  
Highmark Inc.Occupation  
SVP, Subsid Svcs & Strat Invest

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 3 0 / 2 0 0 6

Transaction ID: SA11A1.18468

Amount of Each Receipt this Period

245.00

payroll deduction \$35.00  
biweekly

SUBTOTAL of Receipts This Page (optional) .....

564.41

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 31 / 84

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Highmark Health PAC of Highmark Inc.

**A.** Full Name (Last, First, Middle Initial)  
Kenneth R. Melani, MD  
Mailing Address 1 Chestnut Lane

City State Zip Code  
Cheswick PA 15024

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Highmark Inc.

Occupation  
President & CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 3 0 / 2 0 0 6

Transaction ID: SA11A1.18493

Amount of Each Receipt this Period

567.52

payroll deduction \$226.56  
biweekly

**B.** Full Name (Last, First, Middle Initial)  
F. G. Merkel  
Mailing Address 4452 Dunmore Drive

City State Zip Code  
Harrisburg PA 17112

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
UCCI

Occupation  
Sr. VP, Eastern Division

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 3 0 / 2 0 0 6

Transaction ID: SA11A1.17985

Amount of Each Receipt this Period

350.00

payroll deduction \$50.00  
biweekly

**C.** Full Name (Last, First, Middle Initial)  
Robert M. Mill  
Mailing Address 119 Laurel Oak Drive

City State Zip Code  
Sewickley PA 15143

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Highmark Inc.

Occupation  
VP, Labor/Trust/Ed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1194.27

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 3 0 / 2 0 0 6

Transaction ID: SA11A1.18488

Amount of Each Receipt this Period

443.18

payroll deduction \$63.95  
biweekly

**SUBTOTAL** of Receipts This Page (optional) .....

1360.70

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 32 / 84

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Highmark Health PAC of Highmark Inc.

A. Full Name (Last, First, Middle Initial)

Cynthia S. Moran

Mailing Address 2849 Oakwood Drive

City State Zip Code  
Harrisburg PA 17110

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Highmark Inc.

Occupation  
Client Mgr., Special Accounts

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 3 0 / 2 0 0 6

Transaction ID: SA11A1.18420

Amount of Each Receipt this Period

140.00

payroll deduction \$20.00  
biweekly

B. Full Name (Last, First, Middle Initial)

Mary Joe Nenadovich

Mailing Address 440 Park Terrace

City State Zip Code  
Harrisburg PA 17111

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
United Concordia

Occupation  
Filing Project Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

414.94

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 3 0 / 2 0 0 6

Transaction ID: SA11A1.17981

Amount of Each Receipt this Period

146.30

payroll deduction \$20.90  
biweekly

C. Full Name (Last, First, Middle Initial)

Brent J. O'Connell, MD

Mailing Address 1956 Christopher Place

City State Zip Code  
Harrisburg PA 17110

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Highmark Inc.

Occupation  
Medical Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 3 0 / 2 0 0 6

Transaction ID: SA11A1.18469

Amount of Each Receipt this Period

245.00

payroll deduction \$35.00  
biweekly

SUBTOTAL of Receipts This Page (optional) .....

531.30

TOTAL This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 33 / 84

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Highmark Health PAC of Highmark Inc.

**A.** Full Name (Last, First, Middle Initial)  
 Gerald P. O'Donnell, Jr.  
 Mailing Address 1507 Jennifer Court

City State Zip Code  
 North Hunting PA 15642

FEC ID number of contributing federal political committee.

C

Name of Employer  
Highmark Inc.Occupation  
Decision Support Specialist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

222.36

Date of Receipt

M M / D D / Y Y Y Y  
 0 9 / 3 0 / 2 0 0 6

Transaction ID: SA11A1.18371

Amount of Each Receipt this Period

78.96

payroll deduction \$11.28  
biweekly

**B.** Full Name (Last, First, Middle Initial)  
 David Obrien  
 Mailing Address 165 Millview Drive

City State Zip Code  
 Pittsburgh PA 15238

FEC ID number of contributing federal political committee.

C

Name of Employer  
Highmark Inc.Occupation  
EVP Government Services

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3027.60

Date of Receipt

M M / D D / Y Y Y Y  
 0 9 / 3 0 / 2 0 0 6

Transaction ID: SA11A1.18497

Amount of Each Receipt this Period

1059.66

payroll deduction \$151.38  
biweekly

**C.** Full Name (Last, First, Middle Initial)  
 Tina D. Palaggo-Toy  
 Mailing Address 230 Mesa Drive

City State Zip Code  
 Freeport PA 16229

FEC ID number of contributing federal political committee.

C

Name of Employer  
Highmark Inc.Occupation  
Dir., Health Promotion & Eval

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 9 / 3 0 / 2 0 0 6

Transaction ID: SA11A1.18439

Amount of Each Receipt this Period

175.00

payroll deduction \$25.00  
biweekly

SUBTOTAL of Receipts This Page (optional) .....

1313.62

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Highmark Health PAC of Highmark Inc.

Full Name (Last, First, Middle Initial)

A. Teddy J. Pesano

Mailing Address 440 Franklin Church Road

City State Zip Code  
Dillsburg PA 17019

FEC ID number of contributing federal political committee.

C

Name of Employer  
UCCIOccupation  
Quality Assurance Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

440.00

Date of Receipt

M M / D D / Y Y Y Y Y  
09 30 2006

Transaction ID: SA11A1.17982

Amount of Each Receipt this Period

175.00

payroll deduction \$25.00  
biweekly

Full Name (Last, First, Middle Initial)

B. Vincent J. Pinizzotto

Mailing Address 4530 Laurelwood Drive

City State Zip Code  
Harrisburg PA 17110

FEC ID number of contributing federal political committee.

C

Name of Employer  
UCCIOccupation  
Market Development Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

204.90

Date of Receipt

M M / D D / Y Y Y Y Y  
09 30 2006

Transaction ID: SA11A1.17979

Amount of Each Receipt this Period

72.45

payroll deduction \$10.35  
biweekly

Full Name (Last, First, Middle Initial)

C. Gayeta C. Porter

Mailing Address 507 Katrina Court

City State Zip Code  
Mechanicsburg PA 17055

FEC ID number of contributing federal political committee.

C

Name of Employer  
Highmark Inc.Occupation  
Asst Ctlr., Cst Acctg & Rptg

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
09 30 2006

Transaction ID: SA11A1.18440

Amount of Each Receipt this Period

175.00

payroll deduction \$25.00  
biweekly

SUBTOTAL of Receipts This Page (optional) .....

422.45

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

Highmark Health PAC of Highmark Inc.

**A.**

Full Name (Last, First, Middle Initial)

Yvette Porter

Mailing Address 5786 Severna Place

City State Zip Code  
Harrisburg PA 17111

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Highmark Inc.

Occupation  
Commodity Planner II

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

472.24

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 3 0 / 2 0 0 6

Transaction ID: SA11A1.18433

Amount of Each Receipt this Period

169.34

payroll deduction \$24.34  
biweekly

**B.**

Full Name (Last, First, Middle Initial)

Joseph J. Reilly

Mailing Address 510 Arlington Road

City State Zip Code  
Camp Hill PA 17011

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Highmark Inc.

Occupation  
Mgr., Decision Support

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

212.70

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 3 0 / 2 0 0 6

Transaction ID: SA11A1.18362

Amount of Each Receipt this Period

76.09

payroll deduction \$10.87  
biweekly

**C.**

Full Name (Last, First, Middle Initial)

Deborah L. Rice

Mailing Address 1313 Samantha Way

City State Zip Code  
North Hunting PA 15642

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Highmark Inc.

Occupation  
VP, Reg Claims Adm & Cust Svc

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 3 0 / 2 0 0 6

Transaction ID: SA11A1.18441

Amount of Each Receipt this Period

175.00

payroll deduction \$25.00  
biweekly

**SUBTOTAL** of Receipts This Page (optional) .....

420.43

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Highmark Health PAC of Highmark Inc.

Full Name (Last, First, Middle Initial)

**A.** Sally Jane Rich

Mailing Address 103 Hampshire Drive

City State Zip Code

Cranberry Town PA 16066

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Highmark Inc

Occupation

Vice President Sr Products Operations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

252.42

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 3 0 / 2 0 0 6

Transaction ID: SA11A1.18409

Amount of Each Receipt this Period

126.21

payroll deduction \$18.03  
biweekly

Full Name (Last, First, Middle Initial)

**B.** Christine Maria Ritro Pugh

Mailing Address 631 Martin Drive

City State Zip Code

Mechanicsburg PA 17055

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Highmark Inc.

Occupation

Business Staff Analysis Consultant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

635.50

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 3 0 / 2 0 0 6

Transaction ID: SA11A1.18459

Amount of Each Receipt this Period

233.54

payroll deduction \$33.77  
biweekly

Full Name (Last, First, Middle Initial)

**C.** Michael A. Romano

Mailing Address 104 Red Oak Court

City State Zip Code

Pittsburgh PA 15237

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Highmark Inc.

Occupation

SVP, Corporate Compliance

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1506.80

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 3 0 / 2 0 0 6

Transaction ID: SA11A1.18491

Amount of Each Receipt this Period

527.38

payroll deduction \$75.34

**SUBTOTAL** of Receipts This Page (optional) .....

887.13

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
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FOR LINE NUMBER: PAGE 37 / 84

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Highmark Health PAC of Highmark Inc.

<b>A.</b> Full Name (Last, First, Middle Initial) Russell Rubin Mailing Address 2022 Elmbrook Lane City State Zip Code Pittsburgh PA 15243 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Occupation United Concordia Regional Vice President, Sales Receipt For: Aggregate Year-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 626.98		Date of Receipt MM / DD / YYYY 09 / 30 / 2006 <b>Transaction ID:</b> SA11A1.17983 Amount of Each Receipt this Period 221.69 payroll deduction \$31.67 biweekly
<b>B.</b> Full Name (Last, First, Middle Initial) Gary A. Rux Mailing Address 202 N. Catherine Street City State Zip Code Middletown PA 17057 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Occupation Highmark Inc. Systems Consultant I Receipt For: Aggregate Year-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 318.72		Date of Receipt MM / DD / YYYY 09 / 30 / 2006 <b>Transaction ID:</b> SA11A1.18403 Amount of Each Receipt this Period 112.42 payroll deduction \$16.06 biweekly
<b>C.</b> Full Name (Last, First, Middle Initial) Manda Bea Sanders Mailing Address 701 Hickory Grade Road City State Zip Code Bridgeville PA 15017 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Occupation Highmark Inc. Gov't Affairs Representative Receipt For: Aggregate Year-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 545.20		Date of Receipt MM / DD / YYYY 09 / 30 / 2006 <b>Transaction ID:</b> SA11A1.18448 Amount of Each Receipt this Period 190.82 payroll deduction \$27.26 biweekly

SUBTOTAL of Receipts This Page (optional) .....

524.93

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 38 / 84

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Highmark Health PAC of Highmark Inc.

**A.** Full Name (Last, First, Middle Initial)  
 Nancy M. Scalise  
 Mailing Address 137 Countryview Drive

City State Zip Code  
 Pittsburgh PA 15136

FEC ID number of contributing federal political committee.

C

Name of Employer  
Highmark Inc.Occupation  
Director, Regulatory Compliance

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 9 / 3 0 / 2 0 0 6

Transaction ID: SA11A1.18398

Amount of Each Receipt this Period

105.00

payroll deduction \$15.00  
biweekly

**B.** Full Name (Last, First, Middle Initial)  
 Jon K. Seltenheim  
 Mailing Address 509 Bridgeview Drive

City State Zip Code  
 Lemoyne PA 17043

FEC ID number of contributing federal political committee.

C

Name of Employer  
UCCIOccupation  
Sr. VP, Operations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 9 / 3 0 / 2 0 0 6

Transaction ID: SA11A1.17980

Amount of Each Receipt this Period

140.00

payroll deduction \$20.00  
biweekly

**C.** Full Name (Last, First, Middle Initial)  
 Warren A. Shugars  
 Mailing Address 2496 Matterhorn Dr.

City State Zip Code  
 Wexford PA 15090

FEC ID number of contributing federal political committee.

C

Name of Employer  
Highmark Inc.Occupation  
VP, Underwriting & Administration

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 9 / 3 0 / 2 0 0 6

Transaction ID: SA11A1.18399

Amount of Each Receipt this Period

105.00

payroll deduction \$15.00  
biweekly

SUBTOTAL of Receipts This Page (optional) .....

350.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 39 / 84

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Highmark Health PAC of Highmark Inc.

**A.** Full Name (Last, First, Middle Initial)  
Carl Harris Shuman  
Mailing Address 2904 Ionoff Road

City State Zip Code  
Harrisburg PA 17110

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Highmark Inc.

Occupation  
Senior Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 3 0 / 2 0 0 6

Transaction ID: SA11A1.18442

Amount of Each Receipt this Period

175.00

payroll deduction \$25.00  
biweekly

**B.** Full Name (Last, First, Middle Initial)  
Anna L. Silberman  
Mailing Address 4031 Breckenridge Drive

City State Zip Code  
Presto PA 15142

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Highmark Inc.

Occupation  
VP, Preventive Health Services

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 3 0 / 2 0 0 6

Transaction ID: SA11A1.18487

Amount of Each Receipt this Period

420.00

payroll deduction \$60.00  
biweekly

**C.** Full Name (Last, First, Middle Initial)  
W. Lowell Starling  
Mailing Address 6335 Crekview Road

City State Zip Code  
Mechanicsburg PA 17055

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Highmark Inc.

Occupation  
VP, Infrastructure Mgmt

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 3 0 / 2 0 0 6

Transaction ID: SA11A1.18470

Amount of Each Receipt this Period

245.00

payroll deduction \$35.00  
biweekly

**SUBTOTAL** of Receipts This Page (optional) .....

840.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 40 / 84

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Highmark Health PAC of Highmark Inc.

Full Name (Last, First, Middle Initial)

A. Thomas Williams Stigliano

Mailing Address 1220 Oakridge Road

City State Zip Code

McDonald

PA

15057

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Highmark Inc.

Occupation

Mgr., Information Systems

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

790.60

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 3 0 / 2 0 0 6

Transaction ID: SA11A1.18472

Amount of Each Receipt this Period

276.71

payroll deduction \$39.53  
biweekly

Full Name (Last, First, Middle Initial)

B. Mark A Stine

Mailing Address 301 Antler Drive

City State Zip Code

Marysville

PA

17053

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Highmark Inc.

Occupation

HCIRA Consulting Practice Mgr

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

424.71

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 3 0 / 2 0 0 6

Transaction ID: SA11A1.18455

Amount of Each Receipt this Period

228.69

payroll deduction \$32.67  
biweekly

Full Name (Last, First, Middle Initial)

C. Elizabeth Ann Stone

Mailing Address 19 Church Road

City State Zip Code

Newport

PA

17074

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Highmark Inc.

Occupation

Privacy Dept

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

367.46

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 3 0 / 2 0 0 6

Transaction ID: SA11A1.18411

Amount of Each Receipt this Period

131.77

payroll deduction \$18.94  
biweekly

SUBTOTAL of Receipts This Page (optional) .....

637.17

TOTAL This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 41 / 84

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Highmark Health PAC of Highmark Inc.

A. Full Name (Last, First, Middle Initial)

Eugene A. Susi

Mailing Address 1105 Onondago Street

City State Zip Code  
Pittsburgh PA 15218

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Highmark Life Insurance  
Company

Occupation  
SVP, Sales

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 3 0 / 2 0 0 6

Transaction ID: SA11A1.18516

Amount of Each Receipt this Period

280.00

payroll deduction \$40.00  
biweekly

B. Full Name (Last, First, Middle Initial)

Tom R. Tabor

Mailing Address 4395 Kilbert Drive

City State Zip Code  
Allison Park PA 15101

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Highmark Inc.

Occupation  
Sr. VP & Chief Information Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 3 0 / 2 0 0 6

Transaction ID: SA11A1.18477

Amount of Each Receipt this Period

280.00

payroll deduction \$40.00  
biweekly

C. Full Name (Last, First, Middle Initial)

Clayton L. Talarek

Mailing Address 4819 Wheaton Drive

City State Zip Code  
Pittsburgh PA 15236

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Highmark Inc.

Occupation  
Collect Rep 2

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

271.99

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 3 0 / 2 0 0 6

Transaction ID: SA11A1.18387

Amount of Each Receipt this Period

96.10

payroll deduction \$14.92  
biweekly

SUBTOTAL of Receipts This Page (optional) .....

656.10

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 42 / 84

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Highmark Health PAC of Highmark Inc.

**A.** Full Name (Last, First, Middle Initial)  
Betsy H. Taylor  
Mailing Address 4921 Franklin Street

City State Zip Code  
Harrisburg PA 17111

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Highmark Inc.

Occupation  
Regulatory Affairs Attorney

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 3 0 / 2 0 0 6

Transaction ID: SA11A1.18400

Amount of Each Receipt this Period

105.00

payroll deduction \$15.00  
biweekly

**B.** Full Name (Last, First, Middle Initial)  
Richard B. Taylor, II  
Mailing Address 6012 Devonshire Road

City State Zip Code  
Harrisburg PA 17112

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Highmark Inc.

Occupation  
Mgr., Information Systems

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

599.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 3 0 / 2 0 0 6

Transaction ID: SA11A1.18449

Amount of Each Receipt this Period

209.65

payroll deduction \$29.95  
biweekly

**C.** Full Name (Last, First, Middle Initial)  
Michael D. Thomas  
Mailing Address 250 Hazel Road

City State Zip Code  
Penn Hills PA 15235

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Highmark Inc.

Occupation  
Mgr., Information Systems

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

217.80

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 3 0 / 2 0 0 6

Transaction ID: SA11A1.18363

Amount of Each Receipt this Period

76.23

payroll deduction \$10.89  
biweekly

**SUBTOTAL** of Receipts This Page (optional) .....

390.88

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 43 / 84

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Highmark Health PAC of Highmark Inc.

**A.** Full Name (Last, First, Middle Initial)  
Sandra R. Tomlinson  
Mailing Address 4020 Muirfield Drive

City State Zip Code  
Presto PA 15142

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Highmark Inc.

Occupation  
SVP, Prov Svcs & Pharm Affairs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 3 0 / 2 0 0 6

Transaction ID: SA11A1.18421

Amount of Each Receipt this Period

140.00

payroll deduction \$20.00  
biweekly

**B.** Full Name (Last, First, Middle Initial)  
Sandra D. Troia  
Mailing Address 704 Ohio River Blvd.

City State Zip Code  
Sewickley PA 15143

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Highmark Inc.

Occupation  
Consumer Market, Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

413.40

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 3 0 / 2 0 0 6

Transaction ID: SA11A1.18424

Amount of Each Receipt this Period

145.11

payroll deduction \$20.73  
biweekly

**C.** Full Name (Last, First, Middle Initial)  
Gary R. Truitt  
Mailing Address 4238 Yarmouth Drive

City State Zip Code  
Allison Park PA 15101

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Highmark Inc.

Occupation  
SVP, Legal

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2965.80

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 3 0 / 2 0 0 6

Transaction ID: SA11A1.18496

Amount of Each Receipt this Period

1038.03

payroll deduction \$148.29  
biweekly

**SUBTOTAL** of Receipts This Page (optional) .....

1323.14

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 44 / 84

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Highmark Health PAC of Highmark Inc.

Full Name (Last, First, Middle Initial)

A. John M. Verona

Mailing Address 501 Palmate Drive

City State Zip Code  
 Cranberry Township PA 16066

FEC ID number of contributing federal political committee.

C

Name of Employer  
Highmark Inc.Occupation  
Dir, Regional Accts Svcs & Admin

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

209.66

Date of Receipt

M M / D D / Y Y Y Y  
 0 9 / 3 0 / 2 0 0 6

Transaction ID: SA11A1.18359

Amount of Each Receipt this Period

74.98

payroll deduction \$10.77  
biweekly

Full Name (Last, First, Middle Initial)

B. Carey T. Vinson

Mailing Address 615 Berkshire Drive

City State Zip Code  
 Pittsburgh PA 15215

FEC ID number of contributing federal political committee.

C

Name of Employer  
Highmark Inc.Occupation  
Medical Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

430.76

Date of Receipt

M M / D D / Y Y Y Y  
 0 9 / 3 0 / 2 0 0 6

Transaction ID: SA11A1.18430

Amount of Each Receipt this Period

154.00

payroll deduction \$22.00  
biweekly

Full Name (Last, First, Middle Initial)

C. Jill J. Walmer

Mailing Address 10 South Clearview

City State Zip Code  
 Palmyra PA 17078

FEC ID number of contributing federal political committee.

C

Name of Employer  
Highmark Inc.Occupation  
VP, Mid Atlantic Claims Admin CS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 9 / 3 0 / 2 0 0 6

Transaction ID: SA11A1.18443

Amount of Each Receipt this Period

175.00

payroll deduction \$25.00  
biweekly

SUBTOTAL of Receipts This Page (optional) .....

403.98

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 45 / 84

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Highmark Health PAC of Highmark Inc.

Full Name (Last, First, Middle Initial)

**A.** Aaron A. Walton

Mailing Address 4283 Forest Glen Drive

City State Zip Code  
 Allison Park PA 15101

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Highmark Inc.

Occupation  
SVP, Corporate Affairs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1679.40

Date of Receipt

M M / D D / Y Y Y Y  
 0 9 / 3 0 / 2 0 0 6

Transaction ID: SA11A1.18494

Amount of Each Receipt this Period

587.79

payroll deduction \$83.97  
biweekly

Full Name (Last, First, Middle Initial)

**B.** Robert T. Wanovich

Mailing Address 1907 Margaret Street

City State Zip Code  
 Pittsburgh PA 15209

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Highmark Inc.

Occupation  
Mgr., Clinical Services

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

546.08

Date of Receipt

M M / D D / Y Y Y Y  
 0 9 / 3 0 / 2 0 0 6

Transaction ID: SA11A1.18453

Amount of Each Receipt this Period

227.47

payroll deduction \$31.48  
biweekly

Full Name (Last, First, Middle Initial)

**C.** Michael G. Warfel

Mailing Address 1077 Country Club Road

City State Zip Code  
 Camp Hill PA 17011

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Highmark Inc.

Occupation  
Government Affairs Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

911.73

Date of Receipt

M M / D D / Y Y Y Y  
 0 9 / 3 0 / 2 0 0 6

Transaction ID: SA11A1.18480

Amount of Each Receipt this Period

320.88

payroll deduction \$48.18  
biweekly

**SUBTOTAL** of Receipts This Page (optional) .....

1136.14

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 46 / 84

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Highmark Health PAC of Highmark Inc.

**A.** Full Name (Last, First, Middle Initial)  
Dale L. Warner  
Mailing Address 1420 Regency Circle

City State Zip Code  
Harrisburg PA 17110

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Highmark Inc.

Occupation  
Mgr., Information Systems

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

593.94

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 3 0 / 2 0 0 6

Transaction ID: SA11A1.18471

Amount of Each Receipt this Period

252.56

payroll deduction \$36.08  
biweekly

**B.** Full Name (Last, First, Middle Initial)  
Richard K. Weaver  
Mailing Address 31 Sulphur Springs Road

City State Zip Code  
Duncannon PA 17020

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Highmark Inc.

Occupation  
Mgr., Actuarial Sys & Research

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

221.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 3 0 / 2 0 0 6

Transaction ID: SA11A1.18367

Amount of Each Receipt this Period

77.35

payroll deduction \$11.05  
biweekly

**C.** Full Name (Last, First, Middle Initial)  
Michael H. Weinstein  
Mailing Address 1250 Fairstand Lane

City State Zip Code  
Pittsburgh PA 15217

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Highmark Inc.

Occupation  
Sr Media & Communications Consultant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 3 0 / 2 0 0 6

Transaction ID: SA11A1.18401

Amount of Each Receipt this Period

105.00

payroll deduction \$15.00  
biweekly

**SUBTOTAL** of Receipts This Page (optional) .....

434.91

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 47 / 84

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Highmark Health PAC of Highmark Inc.

**A.** Full Name (Last, First, Middle Initial)  
 Gregory Wilden  
 Mailing Address 421 McKinney Road

City State Zip Code  
 Wexford PA 15090

FEC ID number of contributing federal political committee.

C

Name of Employer  
 Highmark Life Insurance  
 Company

Occupation  
 Regional Sales VP - HLC

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 9 / 3 0 / 2 0 0 6

Transaction ID: SA11A1.18515

Amount of Each Receipt this Period

175.00

payroll deduction \$25.00  
 biweekly

**B.** Full Name (Last, First, Middle Initial)  
 Marja L. Wilson  
 Mailing Address 5515 Dunmoyle Street

City State Zip Code  
 Pittsburgh PA 15217

FEC ID number of contributing federal political committee.

C

Name of Employer  
 Highmark Inc.

Occupation  
 Dir., Sr. Product Sales/Mktg & Dev

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 9 / 3 0 / 2 0 0 6

Transaction ID: SA11A1.18262

Amount of Each Receipt this Period

50.00

payroll deduction \$25.00  
 biweekly

**C.** Full Name (Last, First, Middle Initial)  
 Mark R. Wood  
 Mailing Address 2225 Continental Drive

City State Zip Code  
 Harrisburg PA 17110

FEC ID number of contributing federal political committee.

C

Name of Employer  
 Highmark Inc.

Occupation  
 Dir., Information Systems

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 9 / 3 0 / 2 0 0 6

Transaction ID: SA11A1.18444

Amount of Each Receipt this Period

175.00

payroll deduction \$25.00  
 biweekly

SUBTOTAL of Receipts This Page (optional) ▶

400.00

TOTAL This Period (last page this line number only) ▶

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 48 / 84

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Highmark Health PAC of Highmark Inc.

<b>A.</b> Full Name (Last, First, Middle Initial) E Thomas Wood		Date of Receipt M M / D D / Y Y Y Y 0 9 / 3 0 / 2 0 0 6
Mailing Address 500 Brentwater Road		<b>Transaction ID:</b> SA11A1.18445
City Camp Hill	State PA	Zip Code 17011
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 175.00
Name of Employer Highmark Inc.	Occupation Associate Counsel IV	payroll deduction \$25.00 biweekly
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

<b>B.</b> Full Name (Last, First, Middle Initial) Sharon A Woodward		Date of Receipt M M / D D / Y Y Y Y 0 9 / 3 0 / 2 0 0 6
Mailing Address 532 Lincoln Street		<b>Transaction ID:</b> SA11A1.18447
City Steelton	State PA	Zip Code 17113
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 190.54
Name of Employer Highmark Inc.	Occupation Supv, Opr Support Clms & Svc	payroll deduction \$27.22 biweekly
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 322.96	

<b>C.</b> Full Name (Last, First, Middle Initial) Douglas A. Worley		Date of Receipt M M / D D / Y Y Y Y 0 9 / 3 0 / 2 0 0 6
Mailing Address 38 Logans Run		<b>Transaction ID:</b> SA11A1.18404
City Enola	State PA	Zip Code 17025
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 114.17
Name of Employer Highmark Inc.	Occupation Mgr., Procedure Review	payroll deduction \$16.31 biweekly
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 244.65	

**SUBTOTAL** of Receipts This Page (optional) .....

479.71

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 49 / 84

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Highmark Health PAC of Highmark Inc.

**A.**

Full Name (Last, First, Middle Initial)

Bernice J. Young

Mailing Address 876 S. Mt. Pleasant Road

City

Lebanon

State

PA

Zip Code

17042

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Highmark Inc.

Occupation

Programmer Analyst 3

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

243.81

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 3 0 / 2 0 0 6

Transaction ID: SA11A1.18369

Amount of Each Receipt this Period

78.02

payroll deduction \$11.45  
biweekly

**SUBTOTAL** of Receipts This Page (optional) .....

78.02

**TOTAL** This Period (last page this line number only) .....

28279.92

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input checked="" type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Highmark Health PAC of Highmark Inc.

Full Name (Last, First, Middle Initial)

**A.** BLUEPAC BLUE CROSS AND BLUE SHIELD ASSOCIATION THE POLITICAL ACTION COMMITTEE

Mailing Address 1310 G STREET NW 12TH FLOOR

City  
WASHINGTON

State  
DC

Zip Code  
20005

Purpose of Disbursement  
transfer to affiliated PAC

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB22.17865

Date of Disbursement

/   /

Amount of Each Disbursement this Period

3000.00

**SUBTOTAL** of Disbursements This Page (optional) .....

3000.00

**TOTAL** This Period (last page this line number only) .....

3000.00

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Highmark Health PAC of Highmark Inc.

Full Name (Last, First, Middle Initial)

**A. CHARLIE DENT FOR CONGRESS**

Mailing Address PO BOX 442

City  
ALLENTOWN

State  
PA

Zip Code  
18105

Purpose of Disbursement  
contribution

Candidate Name

Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: PA District: 15

Transaction ID: SB23.17838

Date of Disbursement

/   /

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

**B. FRIENDS OF DON SHERWOOD**

Mailing Address 81 WARREN STREET

City  
TUNKHANNOCK

State  
PA

Zip Code  
18657

Purpose of Disbursement  
contribution

Candidate Name

Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: PA District: 10

Transaction ID: SB23.17936

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. PEOPLE FOR ENGLISH**

Mailing Address PO BOX 1940

City  
ERIE

State  
PA

Zip Code  
16507

Purpose of Disbursement  
contribution

Candidate Name

Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: PA District: 21

Transaction ID: SB23.17870

Date of Disbursement

/   /

Amount of Each Disbursement this Period

500.00

**SUBTOTAL** of Disbursements This Page (optional) .....

2000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Highmark Health PAC of Highmark Inc.

Full Name (Last, First, Middle Initial)

**A. PEOPLE WITH HART INC**

Mailing Address PO BOX 435

City  
WEXFORD

State  
PA

Zip Code  
15090

Purpose of Disbursement  
contribution

Candidate Name

Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

State: PA District: 04

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB23.17875

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		2	4		2	0	0	6

Amount of Each Disbursement this Period

1000.00

**SUBTOTAL** of Disbursements This Page (optional) .....

1000.00

**TOTAL** This Period (last page this line number only) .....

3000.00

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Highmark Health PAC of Highmark Inc.

Full Name (Last, First, Middle Initial)

**A. Allegheny County Democratic Committee**

Mailing Address 225 Ross Street, 2nd Floor

City  
Pittsburgh

State  
PA

Zip Code  
15219

Purpose of Disbursement  
non-federal contribution

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID: SB29.17833**

Date of Disbursement

/   /

Amount of Each Disbursement this Period

100.00

Full Name (Last, First, Middle Initial)

**B. Armstrong for Senate Committee**

Mailing Address 129 Augusta Drive

City  
Annville

State  
PA

Zip Code  
17003

Purpose of Disbursement  
non-federal contribution

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID: SB29.17923**

Date of Disbursement

/   /

Amount of Each Disbursement this Period

400.00

Full Name (Last, First, Middle Initial)

**C. Bill DeWeese Campaign Committee**

Mailing Address 524 Bridge Street

City  
Waynesburg

State  
PA

Zip Code  
15370

Purpose of Disbursement  
non-federal contribution

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID: SB29.17863**

Date of Disbursement

/   /

Amount of Each Disbursement this Period

675.00

**SUBTOTAL** of Disbursements This Page (optional) .....

1175.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Highmark Health PAC of Highmark Inc.

Full Name (Last, First, Middle Initial)

**A.** Boyd Victory Committee

Mailing Address PO Box 265

City  
Lampeter

State  
PA

Zip Code  
17537

Purpose of Disbursement  
non-federal contribution

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** SB29.17926

Date of Disbursement

/   /

Amount of Each Disbursement this Period

350.00

Full Name (Last, First, Middle Initial)

**B.** Brennan for State Representative

Mailing Address 1201 Delaware Avenue

City  
Bethlehem

State  
PA

Zip Code  
18015

Purpose of Disbursement  
non-federal contribution

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** SB29.17908

Date of Disbursement

/   /

Amount of Each Disbursement this Period

250.00

Full Name (Last, First, Middle Initial)

**C.** Chris Sainato for State Representative

Mailing Address 607 Barker Avenue

City  
New Castle

State  
PA

Zip Code  
16101

Purpose of Disbursement  
non-federal contribution

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** SB29.17886

Date of Disbursement

/   /

Amount of Each Disbursement this Period

150.00

**SUBTOTAL** of Disbursements This Page (optional) .....

750.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☐ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☒ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

Highmark Health PAC of Highmark Inc.

Full Name (Last, First, Middle Initial)

**A.** Citizens Bank of Pennsylvania

Mailing Address 10 South Market Square  
PO Box 1010

City Harrisburg State PA Zip Code 17108

Purpose of Disbursement  
Excessive Item Fee- June 2006

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB29.17869

Date of Disbursement

M  M /  D  D /  Y  Y  Y  Y  
07 11 2006

Amount of Each Disbursement this Period

0.45

Full Name (Last, First, Middle Initial)

**B.** Citizens Bank of Pennsylvania

Mailing Address 10 South Market Square  
PO Box 1010

City Harrisburg State PA Zip Code 17108

Purpose of Disbursement  
Excessive Item Fee- August 2006

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB29.17900

Date of Disbursement

M  M /  D  D /  Y  Y  Y  Y  
09 08 2006

Amount of Each Disbursement this Period

0.60

Full Name (Last, First, Middle Initial)

**C.** Citizens Committee for Camille George

Mailing Address 620 Spring Street

City Houtzdale State PA Zip Code 16651

Purpose of Disbursement  
non-federal contribution

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB29.17892

Date of Disbursement

M  M /  D  D /  Y  Y  Y  Y  
08 30 2006

Amount of Each Disbursement this Period

300.00

**SUBTOTAL** of Disbursements This Page (optional) .....

301.05

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Highmark Health PAC of Highmark Inc.

Full Name (Last, First, Middle Initial)

**A.** Citizens for Fred McIlhatten

Mailing Address 718 Peterson St.

City State Zip Code  
Knox PA 16232

Purpose of Disbursement  
non-federal contribution

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** SB29.17921

Date of Disbursement

/   /

Amount of Each Disbursement this Period

125.00

Full Name (Last, First, Middle Initial)

**B.** Citizens for George Hartwick

Mailing Address 813 Chambers Street

City State Zip Code  
Steelton PA 17113

Purpose of Disbursement  
non-federal contribution

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** SB29.17848

Date of Disbursement

/   /

Amount of Each Disbursement this Period

150.00

Full Name (Last, First, Middle Initial)

**C.** Citizens for Ron Buxton

Mailing Address PO Box 11781

City State Zip Code  
Harrisburg PA 17108

Purpose of Disbursement  
non-federal contribution

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** SB29.17858

Date of Disbursement

/   /

Amount of Each Disbursement this Period

300.00

**SUBTOTAL** of Disbursements This Page (optional) .....

575.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Highmark Health PAC of Highmark Inc.

Full Name (Last, First, Middle Initial)

**A.** Citizens for Sam Smith

Mailing Address 211 Dinsmore Avenue

City  
Punxsutawney

State  
PA

Zip Code  
15767

Purpose of Disbursement  
non-federal contribution

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** SB29.17895

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**B.** Citizens for Sean Ramaley

Mailing Address 267 Prospect Street

City  
Baden

State  
PA

Zip Code  
15005

Purpose of Disbursement  
non-federal contribution

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** SB29.17951

Date of Disbursement

/   /

Amount of Each Disbursement this Period

250.00

Full Name (Last, First, Middle Initial)

**C.** Citizens to Elect Payne Committee

Mailing Address PO Box 651

City  
Hershey

State  
PA

Zip Code  
17033-0651

Purpose of Disbursement  
non-federal contribution

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** SB29.17930

Date of Disbursement

/   /

Amount of Each Disbursement this Period

100.00

**SUBTOTAL** of Disbursements This Page (optional) .....

1350.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Highmark Health PAC of Highmark Inc.

Full Name (Last, First, Middle Initial)

## **A. Committee to Elect Bear**

Mailing Address PO Box 116

City  
Lititz

State  
PA

Zip Code  
17543

Purpose of Disbursement  
non-federal contribution

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID: SB29.17883**

Date of Disbursement

/   /

Amount of Each Disbursement this Period

300.00

## **B. Committee to Elect Mike Veon**

Mailing Address PO Box 327

City  
Beaver Falls

State  
PA

Zip Code  
15010

Purpose of Disbursement  
non-federal contribution

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID: SB29.17862**

Date of Disbursement

/   /

Amount of Each Disbursement this Period

675.00

## **C. Committee to Elect Tim Solobay**

Mailing Address 107 Hawthorne Street

City  
Canonsburg

State  
PA

Zip Code  
15317

Purpose of Disbursement  
non-federal contribution

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID: SB29.17832**

Date of Disbursement

/   /

Amount of Each Disbursement this Period

150.00

**SUBTOTAL** of Disbursements This Page (optional) .....

1125.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Highmark Health PAC of Highmark Inc.

Full Name (Last, First, Middle Initial)

**A. Committee to Re-Elect Angel Cruz to the 180th**

Mailing Address 137 East Westmoreland Street

City Philadelphia State PA Zip Code 19134

Purpose of Disbursement  
non-federal contribution

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID: SB29.17944**

Date of Disbursement

/   /

Amount of Each Disbursement this Period

100.00

Full Name (Last, First, Middle Initial)

**B. Committee to Re-Elect Bev Mackereth**

Mailing Address 307 Forge Court

City Spring Grove State PA Zip Code 17362

Purpose of Disbursement  
non-federal contribution

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID: SB29.17844**

Date of Disbursement

/   /

Amount of Each Disbursement this Period

200.00

Full Name (Last, First, Middle Initial)

**C. Dan Frankel for 23rd District Committee**

Mailing Address PO Box 81594

City Pittsburgh State PA Zip Code 15217

Purpose of Disbursement  
non-federal contribution

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID: SB29.17864**

Date of Disbursement

/   /

Amount of Each Disbursement this Period

675.00

**SUBTOTAL** of Disbursements This Page (optional) .....

975.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Highmark Health PAC of Highmark Inc.

Full Name (Last, First, Middle Initial)

**A.** Earl for Senate Committee

Mailing Address PO Box 1981

City Erie State PA Zip Code 16507

Purpose of Disbursement  
non-federal contribution

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB29.17902

Date of Disbursement

09 / 07 / 2006

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

**B.** Elect Tom Tangretti Committee

Mailing Address PO Box 292

City Greensburg State PA Zip Code 15601

Purpose of Disbursement  
non-federal contribution

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB29.17917

Date of Disbursement

09 / 13 / 2006

Amount of Each Disbursement this Period

150.00

Full Name (Last, First, Middle Initial)

**C.** Friends for Daryl Metcalfe

Mailing Address PO Box 1536

City Cranberry Township State PA Zip Code 16066

Purpose of Disbursement  
non-federal contribution

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB29.17842

Date of Disbursement

07 / 19 / 2006

Amount of Each Disbursement this Period

100.00

**SUBTOTAL** of Disbursements This Page (optional) .....

750.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Highmark Health PAC of Highmark Inc.

Full Name (Last, First, Middle Initial)

**A.** Friends of Barbara Spencer

Mailing Address PO Box 612

City  
Port Matilda

State  
PA

Zip Code  
16870

Purpose of Disbursement  
non-federal contribution

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** SB29.17904

Date of Disbursement

/   /

Amount of Each Disbursement this Period

200.00

Full Name (Last, First, Middle Initial)

**B.** Friends of Bob Mellow

Mailing Address 524 Main Street

City  
Peckville

State  
PA

Zip Code  
18452

Purpose of Disbursement  
non-federal contribution

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** SB29.17856

Date of Disbursement

/   /

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

**C.** Friends of Bob Regola

Mailing Address 22 Glenmeade Road

City  
Greensburg

State  
PA

Zip Code  
15601

Purpose of Disbursement  
non-federal contribution

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** SB29.17835

Date of Disbursement

/   /

Amount of Each Disbursement this Period

250.00

**SUBTOTAL** of Disbursements This Page (optional) .....

950.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

Highmark Health PAC of Highmark Inc.

Full Name (Last, First, Middle Initial)

**A.** Friends of Chelsa Wagner

Mailing Address 1646 Broadway Avenue

City  
Pittsburgh

State  
PA

Zip Code  
15216

Purpose of Disbursement  
non-federal contribution

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** SB29.17901

Date of Disbursement

/   /

Amount of Each Disbursement this Period

250.00

Full Name (Last, First, Middle Initial)

**B.** Friends of Chuck McIlhinney

Mailing Address PO Box 2014

City  
Doylestown

State  
PA

Zip Code  
18901

Purpose of Disbursement  
non-federal contribution

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** SB29.17879

Date of Disbursement

/   /

Amount of Each Disbursement this Period

200.00

Full Name (Last, First, Middle Initial)

**C.** Friends of Curt Schroder Committee

Mailing Address 3760 E. Fisherville Road

City  
Downingtown

State  
PA

Zip Code  
19335

Purpose of Disbursement  
non-federal contribution

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** SB29.17927

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1000.00

**SUBTOTAL** of Disbursements This Page (optional) .....

1450.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 63 / 84

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Highmark Health PAC of Highmark Inc.

Full Name (Last, First, Middle Initial)

**A.** Friends of Dave Reed

Mailing Address PO Box 1440

City  
Indiana

State  
PA

Zip Code  
15701

Purpose of Disbursement  
non-federal contribution

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** SB29.17959

Date of Disbursement

/   /

Amount of Each Disbursement this Period

250.00

Full Name (Last, First, Middle Initial)

**B.** Friends of Duane Milne

Mailing Address 15 South Church Street

City  
West Chester

State  
PA

Zip Code  
19382

Purpose of Disbursement  
non-federal contribution

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** SB29.17943

Date of Disbursement

/   /

Amount of Each Disbursement this Period

125.00

Full Name (Last, First, Middle Initial)

**C.** Friends of Edward P. Wojnaroski

Mailing Address PO Box 82

City  
Johnstown

State  
PA

Zip Code  
15907

Purpose of Disbursement  
non-federal contribution

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** SB29.17928

Date of Disbursement

/   /

Amount of Each Disbursement this Period

125.00

**SUBTOTAL** of Disbursements This Page (optional) .....

500.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Highmark Health PAC of Highmark Inc.

Full Name (Last, First, Middle Initial)

**A.** Friends of Frank Dermody

Mailing Address PO Box 274

City  
Tarentum

State  
PA

Zip Code  
15084

Purpose of Disbursement  
non-federal contribution

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** SB29.17852

Date of Disbursement

/   /

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

**B.** Friends of George Kenney

Mailing Address PO Box 11524

City  
Philadelphia

State  
PA

Zip Code  
19116

Purpose of Disbursement  
non-federal contribution

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** SB29.17843

Date of Disbursement

/   /

Amount of Each Disbursement this Period

150.00

Full Name (Last, First, Middle Initial)

**C.** Friends of Haste & DiFrancesco

Mailing Address PO Box 7365

City  
Steelton

State  
PA

Zip Code  
17113

Purpose of Disbursement  
non-federal contribution

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** SB29.17918

Date of Disbursement

/   /

Amount of Each Disbursement this Period

100.00

**SUBTOTAL** of Disbursements This Page (optional) .....

750.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Highmark Health PAC of Highmark Inc.

Full Name (Last, First, Middle Initial)

**A.** Friends of Jack Wagner

Mailing Address PO Box 99995

City  
Pittsburgh

State  
PA

Zip Code  
15233

Purpose of Disbursement  
non-federal contribution

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** SB29.17910

Date of Disbursement

/   /

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

**B.** Friends of Jake Corman

Mailing Address 270 Edward Drive

City  
Bellefonte

State  
PA

Zip Code  
16823

Purpose of Disbursement  
non-federal contribution

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** SB29.17836

Date of Disbursement

/   /

Amount of Each Disbursement this Period

300.00

Full Name (Last, First, Middle Initial)

**C.** Friends of Jeff Piccola Committee

Mailing Address PO Box 741

City  
Harrisburg

State  
PA

Zip Code  
17108

Purpose of Disbursement  
non-federal contribution

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** SB29.17916

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1500.00

**SUBTOTAL** of Disbursements This Page (optional) .....

2300.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Highmark Health PAC of Highmark Inc.

Full Name (Last, First, Middle Initial)

**A.** Friends of Jennifer Mann

Mailing Address 2917 Fairview Street

City Allentown State PA Zip Code 18103

Purpose of Disbursement  
non-federal contribution

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB29.17913

Date of Disbursement

09 / 07 / 2006

Amount of Each Disbursement this Period

250.00

Full Name (Last, First, Middle Initial)

**B.** Friends of Jim Rhoades

Mailing Address 129 Second Street

City Coaldale State PA Zip Code 18218

Purpose of Disbursement  
non-federal contribution

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB29.17830

Date of Disbursement

07 / 07 / 2006

Amount of Each Disbursement this Period

250.00

Full Name (Last, First, Middle Initial)

**C.** Friends of Joe Scarnati

Mailing Address PO Box 177

City Brockway State PA Zip Code 15824

Purpose of Disbursement  
non-federal contribution

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB29.17847

Date of Disbursement

07 / 26 / 2006

Amount of Each Disbursement this Period

1200.00

**SUBTOTAL** of Disbursements This Page (optional) .....

1700.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Highmark Health PAC of Highmark Inc.

Full Name (Last, First, Middle Initial)

**A.** Friends of Joe Scarnati

Mailing Address PO Box 177

City  
Brockway

State  
PA

Zip Code  
15824

Purpose of Disbursement  
non-federal contribution

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** SB29.17853

Date of Disbursement

/   /

Amount of Each Disbursement this Period

200.00

Full Name (Last, First, Middle Initial)

**B.** Friends of John Perzel

Mailing Address 4525 Leaf Lane

City  
Bensalem

State  
PA

Zip Code  
19020

Purpose of Disbursement  
non-federal contribution

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** SB29.17888

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**C.** Friends of John Perzel

Mailing Address 4525 Leaf Lane

City  
Bensalem

State  
PA

Zip Code  
19020

Purpose of Disbursement  
non-federal contribution

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** SB29.17925

Date of Disbursement

/   /

Amount of Each Disbursement this Period

500.00

**SUBTOTAL** of Disbursements This Page (optional) .....

1700.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Highmark Health PAC of Highmark Inc.

Full Name (Last, First, Middle Initial)

**A.** Friends of John Perzel

Mailing Address 4525 Leaf Lane

City  
Bensalem

State  
PA

Zip Code  
19020

Purpose of Disbursement  
non-federal contribution

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** SB29.17957

Date of Disbursement

/   /

Amount of Each Disbursement this Period

3000.00

Full Name (Last, First, Middle Initial)

**B.** Friends of John Pippy

Mailing Address PO Box 1183

City  
Moon Township

State  
PA

Zip Code  
15108

Purpose of Disbursement  
non-federal contribution

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** SB29.17831

Date of Disbursement

/   /

Amount of Each Disbursement this Period

150.00

Full Name (Last, First, Middle Initial)

**C.** Friends of John Siptroth

Mailing Address 414 Airport Road

City  
East Stroudsburg

State  
PA

Zip Code  
18301

Purpose of Disbursement  
non-federal contribution

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** SB29.17937

Date of Disbursement

/   /

Amount of Each Disbursement this Period

125.00

**SUBTOTAL** of Disbursements This Page (optional) .....

3275.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Highmark Health PAC of Highmark Inc.

Full Name (Last, First, Middle Initial)

**A.** Friends of Josh Shapiro

Mailing Address PO Box 162

City  
Abington

State  
PA

Zip Code  
19001

Purpose of Disbursement  
non-federal contribution

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** SB29.17919

Date of Disbursement

/   /

Amount of Each Disbursement this Period

250.00

Full Name (Last, First, Middle Initial)

**B.** Friends of Karen Beyer

Mailing Address PO Box 990

City  
Allentown

State  
PA

Zip Code  
18105

Purpose of Disbursement  
non-federal contribution

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** SB29.17882

Date of Disbursement

/   /

Amount of Each Disbursement this Period

250.00

Full Name (Last, First, Middle Initial)

**C.** Friends of Marguerite Quinn

Mailing Address PO Box 58

City  
Doylestown

State  
PA

Zip Code  
18901

Purpose of Disbursement  
non-federal contribution

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** SB29.17880

Date of Disbursement

/   /

Amount of Each Disbursement this Period

200.00

**SUBTOTAL** of Disbursements This Page (optional) .....

700.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☐ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☒ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

Highmark Health PAC of Highmark Inc.

Full Name (Last, First, Middle Initial)

**A.** Friends of Mark Keller

Mailing Address PO Box 323

City  
Landisburg

State  
PA

Zip Code  
17040

Purpose of Disbursement  
non-federal contribution

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** SB29.17885

Date of Disbursement

/   /

Amount of Each Disbursement this Period

100.00

Full Name (Last, First, Middle Initial)

**B.** Friends of Mark Mustio

Mailing Address PO Box 1138  
500 Commerce Drive

City  
Moon Township

State  
PA

Zip Code  
15108

Purpose of Disbursement  
non-federal contribution

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** SB29.17845

Date of Disbursement

/   /

Amount of Each Disbursement this Period

150.00

Full Name (Last, First, Middle Initial)

**C.** Friends of Mike Brubaker

Mailing Address 890 N. Reading Road

City  
Ephrata

State  
PA

Zip Code  
17522

Purpose of Disbursement  
non-federal contribution

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** SB29.17839

Date of Disbursement

/   /

Amount of Each Disbursement this Period

250.00

**SUBTOTAL** of Disbursements This Page (optional) .....

500.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Highmark Health PAC of Highmark Inc.

Full Name (Last, First, Middle Initial)

**A.** Friends of Mike Turzai

Mailing Address PO Box 721

City  
Wexford

State  
PA

Zip Code  
15090

Purpose of Disbursement  
non-federal contribution

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** SB29.17873

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1500.00

Full Name (Last, First, Middle Initial)

**B.** Friends of Mike Vereb

Mailing Address 628 Glen Lane

City  
West Norriton

State  
PA

Zip Code  
19403

Purpose of Disbursement  
non-federal contribution

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** SB29.17890

Date of Disbursement

/   /

Amount of Each Disbursement this Period

200.00

Full Name (Last, First, Middle Initial)

**C.** Friends of Neal Goodman

Mailing Address PO Box 5

City  
Mahanoy City

State  
PA

Zip Code  
17948

Purpose of Disbursement  
non-federal contribution

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** SB29.17920

Date of Disbursement

/   /

Amount of Each Disbursement this Period

125.00

**SUBTOTAL** of Disbursements This Page (optional) .....

1825.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Highmark Health PAC of Highmark Inc.

Full Name (Last, First, Middle Initial)

**A.** Friends of Nicholas Micozzie

Mailing Address PO Box 234

City  
Clifton Heights

State  
PA

Zip Code  
19018

Purpose of Disbursement  
non-federal contribution

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** SB29.17914

Date of Disbursement

/   /

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

**B.** Friends of Rob Wonderling

Mailing Address 575 Paterno Drive

City  
Harleysville

State  
PA

Zip Code  
19438

Purpose of Disbursement  
non-federal contribution

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** SB29.17889

Date of Disbursement

/   /

Amount of Each Disbursement this Period

200.00

Full Name (Last, First, Middle Initial)

**C.** Friends of Ron Marsico

Mailing Address 4320 Crestview Road

City  
Harrisburg

State  
PA

Zip Code  
17112

Purpose of Disbursement  
non-federal contribution

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** SB29.17956

Date of Disbursement

/   /

Amount of Each Disbursement this Period

100.00

**SUBTOTAL** of Disbursements This Page (optional) .....

800.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☒ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

Highmark Health PAC of Highmark Inc.

Full Name (Last, First, Middle Initial)

**A.** Friends of Scott Petri

Mailing Address PO Box 161

City  
Richboro

State  
PA

Zip Code  
18954

Purpose of Disbursement  
non-federal contribution

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** SB29.17849

Date of Disbursement

/   /

Amount of Each Disbursement this Period

200.00

Full Name (Last, First, Middle Initial)

**B.** Friends of Senator Don White

Mailing Address PO Box 363

City  
Indiana

State  
PA

Zip Code  
15701

Purpose of Disbursement  
non-federal contribution

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** SB29.17834

Date of Disbursement

/   /

Amount of Each Disbursement this Period

300.00

Full Name (Last, First, Middle Initial)

**C.** Friends of Ted Erickson

Mailing Address PO Box 545

City  
Harrisburg

State  
PA

Zip Code  
17108

Purpose of Disbursement  
non-federal contribution

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** SB29.17903

Date of Disbursement

/   /

Amount of Each Disbursement this Period

500.00

**SUBTOTAL** of Disbursements This Page (optional) .....

1000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Highmark Health PAC of Highmark Inc.

Full Name (Last, First, Middle Initial)

**A.** Friends of Ted Erickson

Mailing Address PO Box 545

City  
Harrisburg

State  
PA

Zip Code  
17108

Purpose of Disbursement  
non-federal contribution

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** SB29.17952

Date of Disbursement

/   /

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

**B.** Friends of Tim Hennessey

Mailing Address 1178 Foxview Road

City  
Pottstown

State  
PA

Zip Code  
19465

Purpose of Disbursement  
non-federal contribution

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** SB29.17871

Date of Disbursement

/   /

Amount of Each Disbursement this Period

200.00

Full Name (Last, First, Middle Initial)

**C.** Friends of Tom Corbett

Mailing Address PO Box 60052

City  
Pittsburgh

State  
PA

Zip Code  
15211

Purpose of Disbursement  
non-federal contribution

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** SB29.17872

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1500.00

**SUBTOTAL** of Disbursements This Page (optional) .....

2200.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Highmark Health PAC of Highmark Inc.

Full Name (Last, First, Middle Initial)

**A.** Friends of W. Curtis Thomas

Mailing Address 511 N. Broad Street

City Philadelphia State PA Zip Code 19123

Purpose of Disbursement  
non-federal contribution

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** SB29.17896

Date of Disbursement

08 / 30 / 2006

Amount of Each Disbursement this Period

150.00

Full Name (Last, First, Middle Initial)

**B.** Friends to Elect Mike McGeehan

Mailing Address 4401 Cottman Avenue

City Philadelphia State PA Zip Code 19135

Purpose of Disbursement  
non-federal contribution

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** SB29.17893

Date of Disbursement

08 / 30 / 2006

Amount of Each Disbursement this Period

250.00

Full Name (Last, First, Middle Initial)

**C.** Friends to Elect Nailor

Mailing Address 506 Cocklin Street

City Mechanicsburg State PA Zip Code 17055

Purpose of Disbursement  
non-federal contribution

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** SB29.17857

Date of Disbursement

08 / 03 / 2006

Amount of Each Disbursement this Period

200.00

**SUBTOTAL** of Disbursements This Page (optional) .....

600.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Highmark Health PAC of Highmark Inc.

Full Name (Last, First, Middle Initial)

## **A. Fund for PA Priorities**

Mailing Address PO Box 741

City  
Harrisburg

State  
PA

Zip Code  
17108

Purpose of Disbursement  
non-federal contribution

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB29.17877

Date of Disbursement

/   /

Amount of Each Disbursement this Period

500.00

## **B. Jay Costa Jr. for State Senate**

Mailing Address 314 Newport Road

City  
Pittsburgh

State  
PA

Zip Code  
15221

Purpose of Disbursement  
non-federal contribution

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB29.17855

Date of Disbursement

/   /

Amount of Each Disbursement this Period

250.00

## **C. Keystone Leader's PAC**

Mailing Address PO Box 506

City  
Harrisburg

State  
PA

Zip Code  
17108

Purpose of Disbursement  
non-federal contribution

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB29.17931

Date of Disbursement

/   /

Amount of Each Disbursement this Period

4000.00

**SUBTOTAL** of Disbursements This Page (optional) .....

4750.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☒ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

Highmark Health PAC of Highmark Inc.

Full Name (Last, First, Middle Initial)

**A.** Levdansky for Legislature

Mailing Address 5118 Dorris Drive

City  
Elizabeth

State  
PA

Zip Code  
15037

Purpose of Disbursement  
non-federal contribution

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** SB29.17955

Date of Disbursement

/   /

Amount of Each Disbursement this Period

250.00

Full Name (Last, First, Middle Initial)

**B.** Lisa Baker for Senate

Mailing Address PO Box 792

City  
Harrisburg

State  
PA

Zip Code  
17108

Purpose of Disbursement  
non-federal contribution

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** SB29.17941

Date of Disbursement

/   /

Amount of Each Disbursement this Period

300.00

Full Name (Last, First, Middle Initial)

**C.** Logan for Senate

Mailing Address PO Box 935

City  
Monroeville

State  
PA

Zip Code  
15146

Purpose of Disbursement  
non-federal contribution

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** SB29.17859

Date of Disbursement

/   /

Amount of Each Disbursement this Period

250.00

**SUBTOTAL** of Disbursements This Page (optional) .....

800.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Highmark Health PAC of Highmark Inc.

Full Name (Last, First, Middle Initial)

**A.** Markosek for State Legislature Committee

Mailing Address 171 Glenwood Drive

City Monroeville State PA Zip Code 15146

Purpose of Disbursement  
non-federal contribution

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** SB29.17829

Date of Disbursement

/   /

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

**B.** Markosek for State Legislature Committee

Mailing Address 171 Glenwood Drive

City Monroeville State PA Zip Code 15146

Purpose of Disbursement  
non-federal contribution

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** SB29.17874

Date of Disbursement

/   /

Amount of Each Disbursement this Period

150.00

Full Name (Last, First, Middle Initial)

**C.** Mike Folmer for State Senator

Mailing Address PO Box 804

City Jonestown State PA Zip Code 17038

Purpose of Disbursement  
non-federal contribution

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** SB29.17840

Date of Disbursement

/   /

Amount of Each Disbursement this Period

500.00

**SUBTOTAL** of Disbursements This Page (optional) .....

1150.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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FOR LINE NUMBER:  
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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Highmark Health PAC of Highmark Inc.

Full Name (Last, First, Middle Initial)

**A.** Mike Sturla for State Representative

Mailing Address PO Box 206

City  
Lancaster

State  
PA

Zip Code  
17608

Purpose of Disbursement  
non-federal contribution

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** SB29.17837

Date of Disbursement

/   /

Amount of Each Disbursement this Period

250.00

Full Name (Last, First, Middle Initial)

**B.** Mike Sturla for State Representative

Mailing Address PO Box 206

City  
Lancaster

State  
PA

Zip Code  
17608

Purpose of Disbursement  
non-federal contribution

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** SB29.17948

Date of Disbursement

/   /

Amount of Each Disbursement this Period

350.00

Full Name (Last, First, Middle Initial)

**C.** Pallone for PA House

Mailing Address PO Box 3154

City  
Arnold

State  
PA

Zip Code  
15068

Purpose of Disbursement  
non-federal contribution

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** SB29.17958

Date of Disbursement

/   /

Amount of Each Disbursement this Period

100.00

**SUBTOTAL** of Disbursements This Page (optional) .....

700.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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☐ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☒ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

Highmark Health PAC of Highmark Inc.

Full Name (Last, First, Middle Initial)

## **A. Patriots for Perry**

Mailing Address 147 S. Baltimore Street

City Dillsburg State PA Zip Code 17019

Purpose of Disbursement  
non-federal contribution

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB29.17946

Date of Disbursement

M  M /  D  D /  Y  Y  Y  Y  
09 25 2006

Amount of Each Disbursement this Period

150.00

Full Name (Last, First, Middle Initial)

## **B. People for Pyle**

Mailing Address 1226 Fourth Avenue

City Ford City State PA Zip Code 16226

Purpose of Disbursement  
non-federal contribution

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB29.17854

Date of Disbursement

M  M /  D  D /  Y  Y  Y  Y  
08 03 2006

Amount of Each Disbursement this Period

250.00

Full Name (Last, First, Middle Initial)

## **C. Petrarca Election Committee**

Mailing Address 409 Franklin Avenue

City Vandergrift State PA Zip Code 15690

Purpose of Disbursement  
non-federal contribution

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB29.17922

Date of Disbursement

M  M /  D  D /  Y  Y  Y  Y  
09 13 2006

Amount of Each Disbursement this Period

250.00

**SUBTOTAL** of Disbursements This Page (optional) .....

650.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Highmark Health PAC of Highmark Inc.

Full Name (Last, First, Middle Initial)

## **A. POWERPAC**

Mailing Address 57 South 9th Street

City  
Indiana

State  
PA

Zip Code  
15701

Purpose of Disbursement  
non-federal contribution

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB29.17860

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

## **B. Robbins for Senate Committee**

Mailing Address 353 Greenville Road

City  
Greenville

State  
PA

Zip Code  
16125

Purpose of Disbursement  
non-federal contribution

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB29.17846

Date of Disbursement

/   /

Amount of Each Disbursement this Period

100.00

Full Name (Last, First, Middle Initial)

## **C. Robert 'Tommy' Tomlinson for Senate**

Mailing Address PO Box 792

City  
Harrisburg

State  
PA

Zip Code  
17108

Purpose of Disbursement  
non-federal contribution

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB29.17911

Date of Disbursement

/   /

Amount of Each Disbursement this Period

500.00

**SUBTOTAL** of Disbursements This Page (optional) .....

1600.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Highmark Health PAC of Highmark Inc.

Full Name (Last, First, Middle Initial)

**A.** Santoni for State Representative

Mailing Address PO Box 12893

City  
Reading

State  
PA

Zip Code  
19612

Purpose of Disbursement  
non-federal contribution

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** SB29.17953

Date of Disbursement

/   /

Amount of Each Disbursement this Period

125.00

Full Name (Last, First, Middle Initial)

**B.** Senate Republican Campaign Committee

Mailing Address

City  
Harrisburg

State  
PA

Zip Code  
17108

Purpose of Disbursement  
non-federal campaign contribution

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** SB29.17850

Date of Disbursement

/   /

Amount of Each Disbursement this Period

250.00

Full Name (Last, First, Middle Initial)

**C.** The Thomas Petrone Committee

Mailing Address PO Box 8541

City  
Pittsburgh

State  
PA

Zip Code  
15220

Purpose of Disbursement  
non-federal contribution

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** SB29.17949

Date of Disbursement

/   /

Amount of Each Disbursement this Period

125.00

**SUBTOTAL** of Disbursements This Page (optional) .....

500.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Highmark Health PAC of Highmark Inc.

Full Name (Last, First, Middle Initial)

**A.** Tomlinson for State Senate Committee

Mailing Address 2411 Elfreths Alley

City Bensalem State PA Zip Code 19020

Purpose of Disbursement  
non-federal contribution

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** SB29.17897

Date of Disbursement

/   /

Amount of Each Disbursement this Period

300.00

Full Name (Last, First, Middle Initial)

**B.** Voters to Elect Vance

Mailing Address PO Box 652

City Camp Hill State PA Zip Code 17011

Purpose of Disbursement  
non-federal contribution

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** SB29.17924

Date of Disbursement

/   /

Amount of Each Disbursement this Period

160.00

Full Name (Last, First, Middle Initial)

**C.** Walko Campaign Committee

Mailing Address 3025 Mt. Allister Road

City Pittsburgh State PA Zip Code 15214

Purpose of Disbursement  
non-federal contribution

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** SB29.17876

Date of Disbursement

/   /

Amount of Each Disbursement this Period

250.00

**SUBTOTAL** of Disbursements This Page (optional) .....

710.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Highmark Health PAC of Highmark Inc.

Full Name (Last, First, Middle Initial)

## **A. Will to Win Committee**

Mailing Address PO Box 1363

City  
Carlisle

State  
PA

Zip Code  
17013

Purpose of Disbursement  
non-federal contribution

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID: SB29.17906**

Date of Disbursement

/   /

Amount of Each Disbursement this Period

250.00

Full Name (Last, First, Middle Initial)

## **B. Wright for Representative Committee**

Mailing Address 680 Middletown Blvd.

City  
Langhorne

State  
PA

Zip Code  
19047

Purpose of Disbursement  
non-federal contribution

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID: SB29.17887**

Date of Disbursement

/   /

Amount of Each Disbursement this Period

250.00

**SUBTOTAL** of Disbursements This Page (optional) .....

500.00

**TOTAL** This Period (last page this line number only) .....

38611.05